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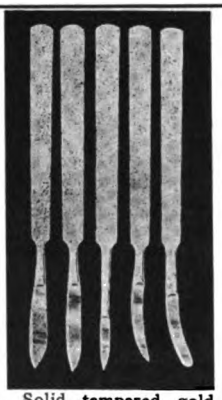

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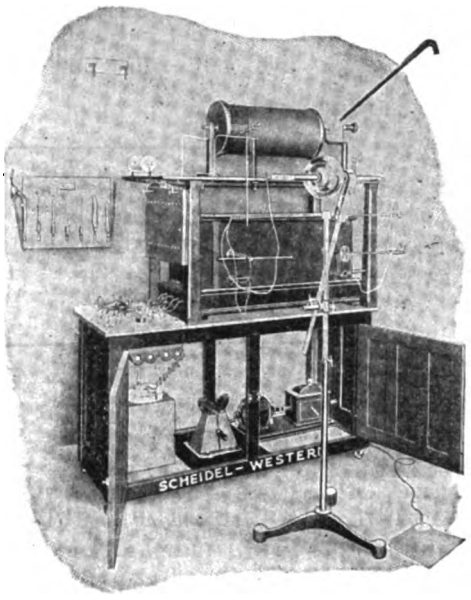

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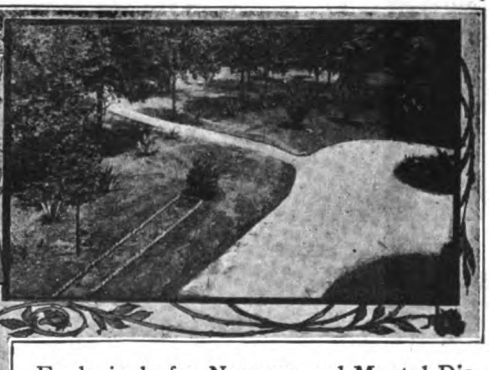

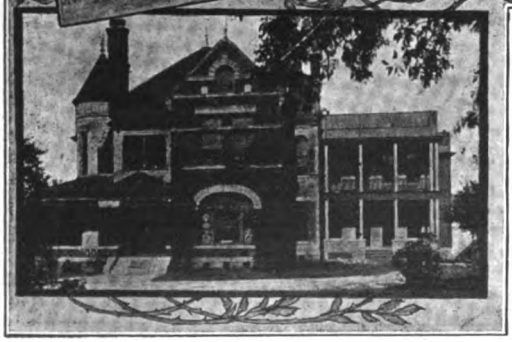

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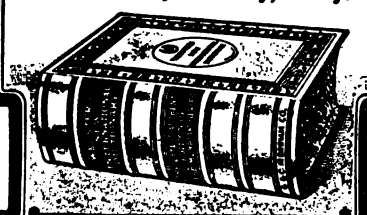

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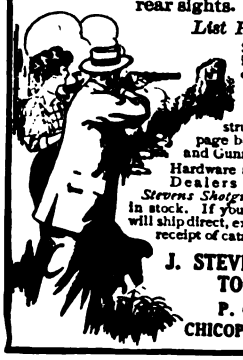

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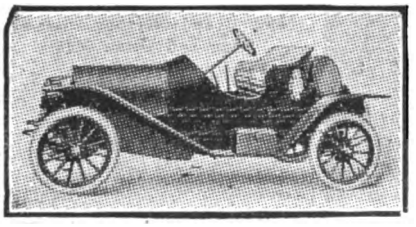

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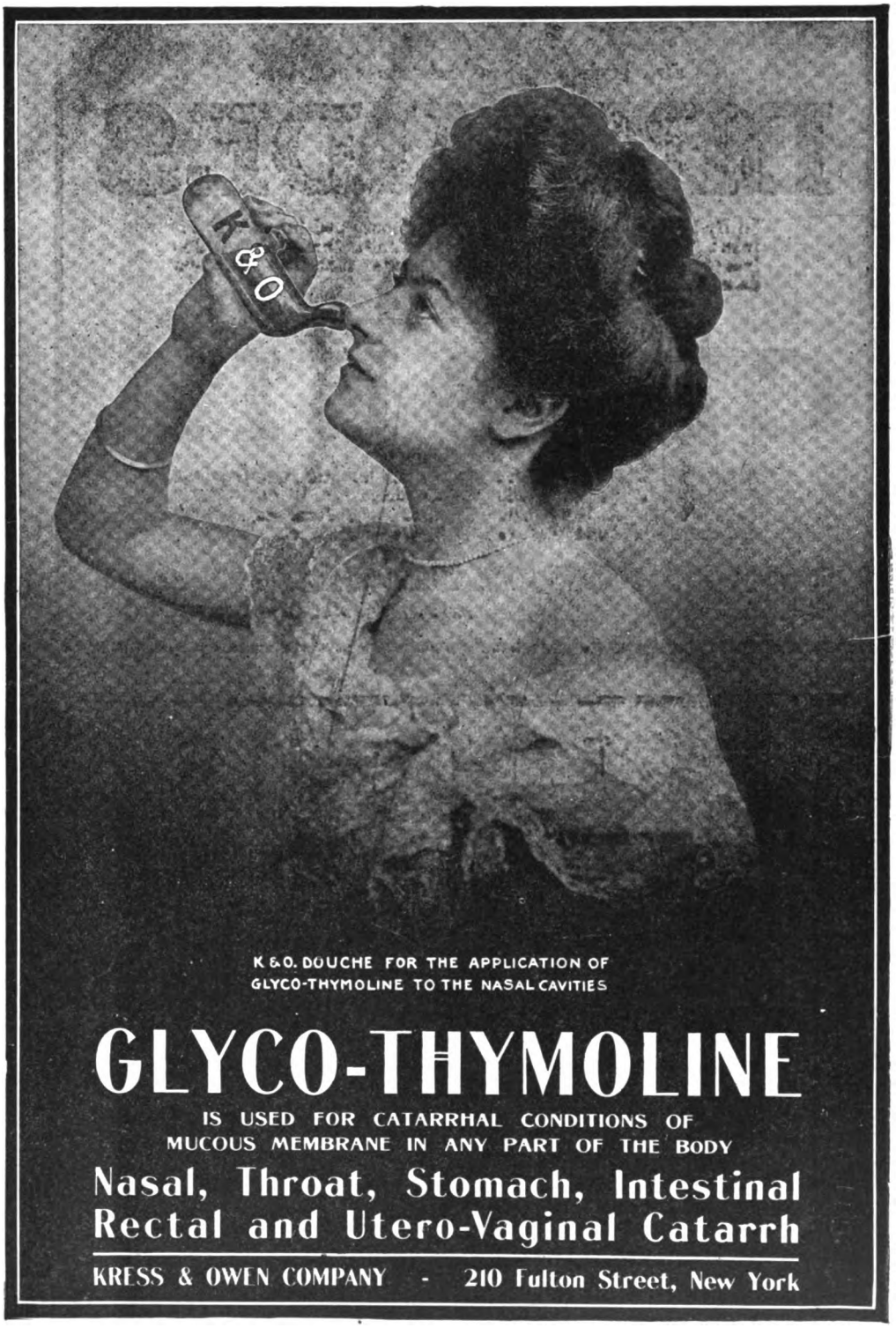

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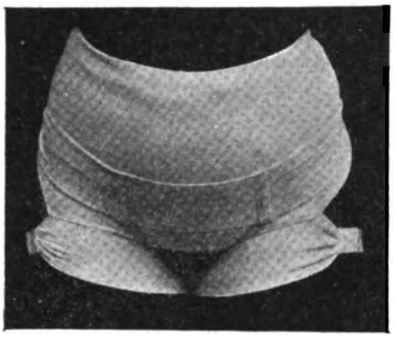

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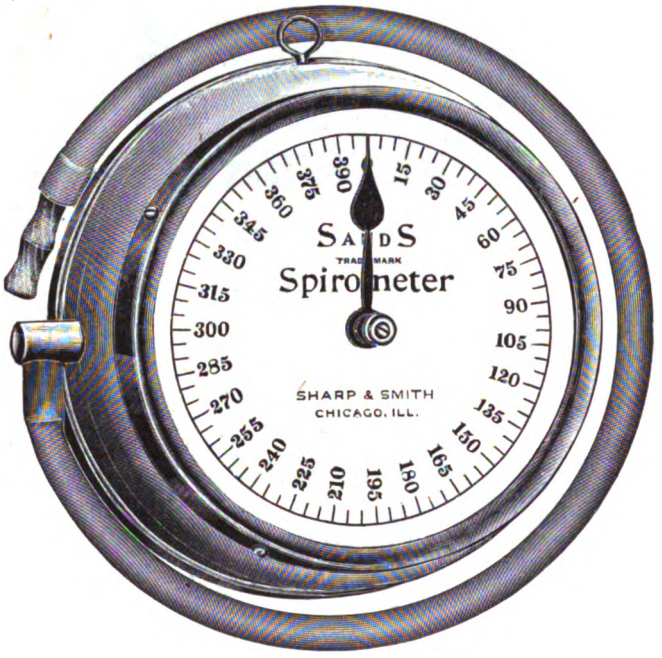

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Papers and Proceedings of the Texas Association of Medical Directors

A Consideration of the Proplem of Securing Better Risks

IRA W. PORTER, M. D., OMAHA, NEBRASKA, SOVERIGN PHYSICIAN WOODMEN OF THE WORLD

Read before the Texas Association of Medical Examiners, held in Dallas, May 10th and 11th, 1910

A few days ago I received a letter from one of our camp physicians, which, in effect, read as follows:

"Mr. Richard Johnson requested me to write you concerning his examination and ask what effect the circumstances will have on his beneficiary certificate in the order. Mr. Richard Johnson has a twin brother, Robert, living in another city. Robert was examined for the Order last fall and through him the doctor examined his brother, Richard, whom he had never seen and who was then in another town a good many miles away."

When the question is asked, "How may we secure first-class risks, or at least better risks than we are getting?" our minds naturally turn to such instances.

So many elements enter into the problem that a number of books have been written on the subject, and it is not yet exhausted.

We may write and talk and pass resolutions and laws, but without getting at the root of the matter first, we cannot hope to remedy the condition.

This subject must be handled at close range and with an analytical mind to get at the real substance, It is like a fence —it cannot be strengthened by whitewash.

There are three cardinal factors affecting the proposition,

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and while intimately associated in forming the problem, they should be considered separately.

Given a healthy applicant, with a regard for the truth, an honorable solicitor, and a skilled and conscientious examiner, the problem solves itself, or, in fact, there is no problem.

With any one of these factors below the desired standard, the problem begins to present itself. With any two of them lacking, the problem becomes complicated, and if all three are missing, the solution is well nigh impossible.

The applicant must not only be in a healthy condition at the time of his examination, but he should have a strict regard for the truth and a trustworthy memory concerning his family and personal history.

The solicitor, be he agent of an old line company, deputy, or member of the fraternal order to which the applicant applies, being honorable, he acts as a safe-guard to the insurer. If he is lacking in this estimable quality, the insurer is apt to suffer, even if the examiner should be skilled and conscientious, for it is not an unheard of thing for a solicitor to instruct applicants in the proper answers to give the examiner when a cloudy past is to be covered up.

A conscientious but unskilled physician is not to be desired, but he is to be feared less than a skilled but unconscientious examiner.

It is difficult to understand why a physician will recommend an undesirable applicant to an insurance company and not consider it a dishonorable act. Elasticity of conscience, while conducive to personal aggrandizement, if stretched too far or too often, like other things of the same property, has the uncomfortable habit of rebounding and hitting the point of origin. It does not promise any great degree of permanence, as a false sense of security is the natural consequence of a bad habit and a vulnerable point shows up sooner or later.

The question of finances is a paramount issue with all the parties concerned in an insurance transaction. The insurer must collect from the insured a sufficient sum to pay the expenses of securing the applicant and creating a fund that will guarantee the payment of the claim in the event of his death. This sum is predicated upon the law of averages, and if any considerable number of the insured die short of this expected period, there will be crepe on the door of the insurance company, "and the mourners will go about the streets."

The mortuary cost of insurance is very nearly a fixed sum. This amount must be collected. The cost of management varies with the economy of management, and in this feature lies the difference in the amount collected by the insurers. The cost of securing the applicant is a part of the cost of management, and in this feature lies the difference in the amount collected by the insurers. The cost of securing the applicant is a part of the cost of management. It is, in a way, the first cost, but it enters into the aggregate. The first cost is regarded with considerable thought by the applicant, the subsequent cost (assessments, or premiums) not being considered so carefully by him, as they are problems for the future in the one case and sugar coated with promises of dividends in the other. The first cost, then, of necessity, in order

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to be attractive or at least not too "fearsome,' must be kept as low as possible. Some fraternal orders experiencing difficulty in securing applicants on account of unattractiveness of their plan or other handicaps, reduce this first cost or entrance fee to absolute zero and pay the cost out of funds secured from members already in the order. A careful investigation will show that nearly all if not quite all of the fraternal orders doing this have a high death rate and are endeavoring to recoup their losses by the addition of new blood. Fraternal orders with attractive plans and low death rates do not follow this custom, for it is not necessary for them to sell something for nothing.

One of the elements in this first cost is a matter of finance of considerable interest to physicians and that is the fee paid to the examiner.

The fee paid by the different fraternal orders varies just as widely as the fee collected for other professional services performed by physicians. Medical societies formulate and adopt fee bills. The members sign the agreement to adhere to it in making their charges. When the time comes to collect their bills, as a rule they take what they can get and thank the good Lord that they get any thing at all, in many cases.

Doctors are proverbially poor business men. The amount of money invested in securing an education, accumulating a library, and buying instruments, together with the energy and thought expended in building up a practice that results in a comfortable living at best, if invested and expended in some mercantile business would make them rich men. They are poor collectors and worse investors.

Now, I do not intend to convey the idea that all doctors are to blame for their financial condition and that they should consider their state license to practice as "letters of marque and reprisal," and start out to gather in all the loose change lying around. Leave that to the individuals of predatory instincts and decide to give value received for every dollar obtained.

Perhaps I will offend some one if I make the bold statement that physicians do not give value received for the examination fee in every case. Yet there is a large percentage of truth in the statement.

Recently a physician examining for the order I represent stated that he had examined twenty-four (24) men in one afternoon between the lunch hour and sun-down. This allowed 15 minutes for each applicant, with a blank made out in full and a complete urine analysis in every case—a physical impossibility. He thought he was being underpaid when he received only one dollar for each man. As a matter of fact, he was overpaid. And I will go further and state that it is my opinion that he could not conscientiously earn a five dollar fee if he had all day in which to examine his man. The elasticity of his conscience had such a strong pull that it had warped his ability out of all semblance of accuracy.

Personally, I am in favor of a larger fee for examinations. But I think that some physicians are receiving an honorarium and not a fee when they get one dollar.

A physician recently reported as a first-class risk, an ap-

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plicant so crippled from rheumatism that he had to walk on his hands and knees. That physician pocketed a dishonest fee when he took that dollar, and, furthermore, he was attempting to rob other people by foisting such a risk upon an insurance organization. Would a fee of two dollars or even five dollars have caused that examiner to change his classification of the risk?

Permit me to present a few of the statements made by physicians culled from application blanks during the last eleven or twelve years.

"Applicant's uncle died of cancer on his mother's side."

"Father went to bed feeling well and the next morning woke up dead."

"Grandfather died suddenly at the age of 114. Up to this time he bid fair to reach a ripe old age."

"Father died in infancy."

"Mother died from a post-mortem hemorrhage."

"Applicant has never been fatally sick."

"Father died suddenly—nothing serious."

Now the majority of these physicians belong to medical societies, and some of these societies have bound their members to charge $5.00 for examinations on pain of expulsion. What think you? Is this fair to the fraternal orders? Does it not smack of trade unionism? Are these men any better examiners simply because they belong to the County Medical Society.

I am not opposed to tthe County Medical Society. It is a necessity. Every physician should belong to his County and State Medical Society. Yet, on the other hand, the fact that a physician does not belong to his County Medical Society does not mean that he is undesirable. He may have good and sufficient reasons.

One of the most skillful physicians and surgeons in the South, a man whose personal acquaintance I am proud to claim, does not belong to either the County or State Medical Society in the state of his residence. I am satisfied that his reasons for not joining are to him good and sufficient, yet he has received the degree of Doctor of Laws from several universities and is a Fellw of the Royal Chirurgical Society of England. His reputation as a surgeon has spread beyond the confines of the United States. If we were to take membership in the County and State Society as the criterion, we would not be able to secure the services of this eminently capable man.

It is my humble opinion that a physician who knows the size of the fee paid by a certain insurance organization before he asks for a commission as an examiner, has no right to object to it after accepting the commission, nor has he any excuse for iefficient or indifferent work on his part. This, of course, does not bar him from making an effort to educate the executive officers of that organization to a realizing sense of the justice of a larger fee if the work required and performed warrants it.

In the matter of fixing the fee for examinations, there should be no law limiting it at either end. The Medical Director should have the power to make a contract with each examiner,

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based upon the ability, experience, and character of work performed by the examiner, and the fee should be paid from the home office. This contemplates the possible contingency of having two or more examiners in the same town receiving different fees, and to avoid unpleasant complications the Medical Director should have the power to stipulate which examiner should be the preferred one, and he should have the further power of terminating the commission of any physician without interference from the local lodge.

In appointing examiners, the Medical Director should have arbitrary power. The local lodge and the deputy should have no power in this direction. They might, perhaps, have the privilege of recommending. The Medical Director should consider this the same way he does any other information he receives about a prospective examiner.

The qualifications of a prospective examiner should be investigated as carefully and thoroughly as is possible. In buying a piece of real estate or a mortgage on a piece of real estate, a careful examination is made of the abstract of title and the personal, financial, and, at times, the conjugal history of each owner of that property is inquired into the remotest detail. In buying a State or municipal bond, the history and legality of the bond issue and the genuineness of the bond itself is investigated from start to finish. Experience has proven the wisdom of this course when making investments. Yet, when an examiner is appointed, the insurance organization is making an investment that means profit or loss just as surely as in the other cases mentioned. Why not investigate this investment with care and circumspection?

We have in every State in the Union two great classes of physicians. Graduates of some Medical College on the one hand and under-graduates practicing under a State or county license on the other. To make a hard and fast rule discriminating between these two classes is impossible, but they can be further classified and subdivided.

The graduate in medicine is the only one who has the legal right to call himself doctor of medicine. State and county boards do not confer this degree. However, this degree does not always mean the same thing, as, unfortunately, we have all kinds of medical colleges, with all kinds of requirements for graduation. Consequently, insurance organizations should require that the college of medical degree should be reputable. Here, again, we strike a snag, and that is the definition of the word "reputable." Who is to define the word? Not the Legislature or the courts of the State in which the college is chartered, for it is easy to get a charter and difficult to revoke one. The two great associations of medical colleges have their standards. Generally speaking, membership in either association is indicative of good repute, but there are medical colleges who do not hold membership in either association, and some of these colleges claim that their requirements for entrance and graduation are up to the standards of one or both of these associations. Here the Medical Director must cut the Gordian knot and decide for himself and his society, and it has been ruled that in this matter he has arbitrary power. Sometimes, and unfortunately so, all Medical

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Directors do not decide alike on this point, and confusion and dissatisfaction arise. This is one point on which they might well get together.

A college may be reputable and still fail in its higher duties to its student body by neglecting to instruct them in life insurance examinations. A campaign of education on this line is being conducted by the Associated Fraternities of American and the National Fraternal Congress. Medical colleges are awakening to the necessity of this training and the right of the students in expecting it. This will eventually raise the standard among medical examiners.

Contrary to the general belief, every doctor does not make a good life insurance examiner. It is a distinct branch of medical work and is gradually being looked upon as a specialty. The patient seeking relief for a confessed ailment and an applicant presumably healthy ,seeking life insurance, present diametrically opposite pictures to the physician. The one aids the doctor in his diagnosis—the other will tax his most consummate diagnostic skill. In the former, the doctor sees a man he desires to cure promptly; in the latter he has a problem of probable expectancy of life.

For the reasons just mentioned it is not all beside the question for the Medical Director to classify medical colleges with reference to the desirability of their graduates as examiners for life insurance. Lacking a chair or lectureship in life insurance examinations, the medical colleges might be investigated with reference to the attention paid to those branches of medicine having a direct or indirect bearing on physical examinations. The ability and reputation of the teachers might be investigated, as well. This will aid the Medical Director in determining the probable fitness of the graduate for life insurance work.

A graduate should have several years' experience as a general practicianer before he should expect a commission as an examiner. In the interim, he might be used in special cases so as to enable him to get his hand in and work up to the point of being an efficient examiner.

In the case of the under-graduate licentiate, we have a different problem. Here we must stretch the law a little or provide for an exception. Under the present laws regulating the practice of medicine, an under-graduate who has received a license to practice has the same legal status as the graduate physician licensed by the State. The day may come when we will have a uniform law in all States, and when that does happen, in all probability a diploma from a recognized college will be a prerequisite for an examination. Thy may also open up with vigor the movement to reduce the number of medical colleges—a movement already hinted at by certain ones high in the councils of the Aemrican Medical Association. I am not altogether sure that this will be the benefit of the profession that is claimed for it, but a uniform law will be of benefit, for that will lead to reciprocity between the States, and with that, I am in hearty accord.

These different standards now in force in the different States impose quite a task upon the Medical Director and

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lays him open to the charge of having a double standard for examiners.

In the order I represent, we have a law that the examiner must be a graduate of a reputable medical college. This law, we are compelled to have on our books, as it is a requirement of the Nebraska law regulating fraternal orders, and the law under which we are chartered. The law, strictly adhered to, might be embarrassing at times, as in some communities we are unable to secure the services of a graduate physician. We get around this by issuing commissions to graduate physicians and "temporary authority" to the undergraduates.

The relative value of graduate and under-graduate physicians as insurance examiners cannot be stated in definite terms. The personal or individual element enters into it so largely that it is difficult to draw a line. Comparisons are ever odious and sometimes fatal to our preconceived notions.

Physicians who examine for life insurance should inform themselves on the subject by purchasing and reading some good book on life insurance examinations and keep themselves posted by subscribing to a journal devoted to this work. This will help in supplying the lack of instruction at college.

There should be hearty accord between the examiner and the Medical Director. A difference of opinion concerning a risk should not be considered a reflection upon the ability of the examiner, for such is not intended by the Medical Director.

Rufus Sanders of Alabama used to say that. "human nature is mighty human." It is human nature to err, and the Medical Director is just as full of human nature as is the examiner. The Medical Director tries to make his errors on the side of safety. It is his desire always to give the company the benefit of the doubt, and this is where the difference of opinion most often lies. I heard a Medical Director say that he frequently rejected an applicant through "intuitive inspiration" when there seemed to be nothing tangible on which to hang a rejection and that he had found this so often right that he sometimes was tempted to call it "inspired intuition." In plain English, this would be called "guessing right." But there is sometimes an "indefinable something" about an application that impresses the Medical Director that it is not safe to accept, just as to the experienced examiner there comes that unexplainable impression that a certain man is not a safe risk, without the examiner being able to put his finger on the exact spot at fault.

Whatever happens to the application after it reaches the home office, the examiner should feel that the Medical Director has done his best by the company and if this "best" is not just what the examiner had hoped for, he should not be too ready to criticise the Medical Director. He should remember the notice over the piano in the saloon in a Western mining camp that read "Don't shoot the professor; he is doing his best."

It is easy to criticise, just as it is easy to give advice—and they both are more blessed to give than to receive.

An examiner's usefulness is hampered by a spirit of too

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free criticism, just as the usefulness of the Medical Director is lessened by too frequent fault-finding.

There should be a more frequent mingling of the Medical Directors with the examiners so that they can "size up" each other at short range. Perspective is sometimes lessened by distance.

And, lastly, my brethren, there should be more societies such as this. Each State Medical Association should foster and encourage the organization of its members in a section devoted to the study of medico-insurance. An exchange of ideas and relating experiences will help to broaden our views and tend eventually to raise the standard of our work and enable us to obtain more first-class risks.

Two Necessary Elements of Progress in Medico-Insurance

S. T. McDERMITH, DENVER, COLORADO, SUPREME PHYSICIAN, FRATERNAL UNION OF AMERICA

Read before the Texas Association of Medical Directors, Dallas, Texas, May 10 and 11, 1910.

The two elements that seem to me essential to further progress in the art of medical selection of life insurance are, first, better qualifications of the average local examiner; second, tabulated mortuary experience with reference to heredity, physique, age at death from different causes, etc., etc., affording valuable lessons to, and permitting of correct conclusions by the Medical Director or reviewer. Other than the progress in general medicine there has been very little advancement made in the efficiency of medical selection in the last eight or ten years.

With reference to the first element named, it is probably axiomatic to the gentlemen of experience assembled here at this session that a local examiner who is devoid of a reasonable literary education cannot possibly be erudite in medical education for the reason that he is deprived of the fundamental basis on which to rear the superstructure of a medical education. It is an unfortunate fact that in some of the newer Western and Southwestern States, including your own grand, imperial State of Texas, there are hundreds of practitioners armed with certificates from a lax State Board, possibly operating under a defective State medical law, whose literary attainments are below that of the avereage sixth grade child in the average grade school. This is deplorable. And no doubt is as familiar to you as to the writer. It probably faces us all in our daily routine of inspecting applications, and every time such an examiner comes to view through his work, and signature at the end of his examination paper, we heave a mental sigh over a farcical form that has been gone through with, and lament the all but valueless result.

reflection on the otherwise noble escutcheon of the great State

It is to be understood that the foregoing is meant as no reflection on the otherwise noble escutcheon of the great State

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of Texas. It is a condition, perhaps, inseparable from things incident to a newly settled country or State. I well remember when similar conditions prevailed in the Middle Western States years ago, but there is really less excuse for it now, even in a new country, than there was then, for the reason that facilities for education, both lay and medical, are far superior now and better available.

I am sure, however, that there are many of as able medical men in that region as can be found anywhere. But, your observations probably accord with mine in that and otherwise well equipped medical man may be quite deficient as an examiner if he has not some sort of medico-insurance training. First, he is usually not awake to the importance of the work, and underestimates his responsibility. Second, he is apt to be unfamiliar with the elements that enter into the rating of a life risk.

For this reason the medical section of the N. F. C. has for several years been urging on medical schools the propriety or necessity of giving special instructions along these lines to their classes. It has borne fruit in a number of schools. In the absence of this, I have been gratified at the marked improvement among the examiners of my society growing out of our custom of supplying each and every one with certain medico-insurance literature.

In a paper read before the medical section of the N. F. C. two years ago, I set forth the experience of our order with reference to the findings of our local examiners as follows: There was diagnosed or detected in 71,000 examinations by the examiner:

One case of heart lesion in 410 examinations.

One case of weak, irritable or tobacco heart in 825 examinations.

One case of Aneurysm in about 23,860 examinations.

One case of Arterioisclerosis in about 35,500 examinations.

Taking circulatory diseases or defects, there was detected 1 in 268 examinations.

Of lung, bronchial or pleural lesions there was found 1 in 780 examniations.

Of the kidney lesions as per all signs, there was found 1 in 717 examniations.

Of Albumen, there was detected 1 case in 1145 examniations.

Of sugar, there was detected 1 in 2349 examinations.

Of Pus, there was detected 1 in 71,000 examinations.

Of indefinite or ill-defined kidney complaint, 1 in 10,143.

Rated by the examiner as unsafe, 1 in 1775 examniations.

f about 4,000 applications that we have rejected, the local examiners rated 78 per cent of them as first class; near 22 per cent as average; less than 6-100 of one per cent as unsafe risks. I would not impugn the honesty of any, or the capabilities and splendid service of a respectable minority of examiner, but for lack of school, or subsequent training in medico-insurance, the average examiner in the past has had very little conception of the elements, aside from existing disease, that enter into rating for insurance."

I here cite a few examples to illustrate this point, which no doubt involves only a small class of the least efficient ex-

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aminers. One paper shows the applicant to be 22 per cent under standard weight, associated with consumptive taint in family history, rated by the examiner first class; another 30 per cent under weight, with high pulse rate, rated as first-class; another with family showing four members dead of consumption, two of apoplexy, applicant 30 per cent over weight, rated first-class; another, with personal history of paralysis, 19 per cent under weight, rated average; another 52 per cent over weight, rated first-class; and then with disease present, one with white swelling and 23 per cent under weight is rated average; with endocarditis and cardiac hypertrphy, rated average; with glycosuria, rated average; with Albumenuria, rated first-class; with liver hypertrophy, rated average, and so on.

In the later few years of the period, touching the 71,000 examinations, and following our supply of literature to the examiners, I had noted material improvement in the work. And the near two years that have intervened since the foregoing described observations, show still greater improvement.

The last two year period, for instance shows that one heart lesion was detected out of 375 examinations, as against one out of 410 before. Of the rejected class the examiners rated 55 per cent of them as first-class, while in the preceding period 78 per cent of rejections had been rated by the examiners as first-class risks. Of the rejected class 10 per cent were rated as unsafe risks by the local examiner, as against less than 1 per cent in the eleven years prior to two years ago.

The number of papers that have to be returned for correction or further information, is not to exceed one-fourth what it was ten years ago. I attribute these vast improvements chiefly to the educational influence of our literature, but partly, of course, to the gradual high attainments in general medicine of the average physician.

This brings us to the second element essential to further progress in medical selection. While improvement, as above set forth, is taking place in the ranks of the local examiners, we, who have the last word in the matter, have made very little progress in late years. And, not much is possible until we, or others in the same line of work, compile and publish our vital and mortuary experience, as a basis on which to establish new facts and conclusions. I am unaware of any very material statistics along this line that have been promulgated in the last ten years.

The Medical Directors of the country, both company and fraternal, are smothering colossal information which, if available, might materially effect great changes in our system of rating risks, that would spell progress in our work. For five years the writer has been urging on the medical section of the N. F. C. the propriety and immense utility of first agreeing to have their respective orders provide mortuary records relating to a number of features, the form of record to be dictated by a competent committee and be uniform in all the socities, so that compilations could be made from these many records at a minimum of work and expense, and transmitted annually to a committee on statistics, such committee to be appointed by the medical section, whose duty it would be to

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further compile and concentrate the reports from the societies constituent of the N. F. C., and to annually report and publish same in the transactions. By this plan there could be built up in a few years a mountain range of valuable statistics that would afford us far better guides for intelligent rating than we now or ever have possessed.

In the absence of this, we, as medical heads of insurance organizations are actually making far less progress than our sub-examiners as a class are making. The committee on statistics and good of the order of the N. F. C., in order to test the N. F. C. mortuary standard by the actual mortuary experience of the constituent societies, have been reporting annually for nine years on exposed lives ranging in number from 1,988,196 in the year 1900, to as high as 4,302,124 in1907, so that if the total number under consideration for nine years were concentrated into one year, it would aggrgeate the vast total of 29,447,764 exposed lives. I cite this fact to show the tremendous possibilities that are in easy grasp of the Medical Directors to utilize a like number of exposed lives and the incidental mortality and evolve lessons therefrom so momentous that all past guides, in the history of this country or the world, would pale into insignificance. As yet the medical section of the N. F. C. has not moved in this direction, but I am still hoping.

If I should venture a suggestion to your honorable association, it would be, that, to my mind, you could do nothing of such far-reaching consequence and towering usefulness as to lend your active support to the idea here briefly and feebly outlined.

I cannot close without expressing my profound thanks for the honor you have done me, by inviting me to participate in your session, and regret my inability to be personally present.

Denver, Colo., May 4, 1910.

Local Medical Examiners

N. A. OLIVE, M. D., WACO, TEXAS, MEDICAL DIRECTOR SOUTHERN UNION LIFE INSURANCE COMPANY

Read at the Meeting of the Texas Medical Directors' Association in Dallas, Texas, May 10 and 11, 1910.

The honest attorney who takes a case to represent an individual or corporation, in the courts, will give his client the benefit of his full ability and will keep him advised as to the weak points as well as the strong in the case. He guards with zealous care every interest intrusted to him. No friendship, past or present, willl he permit to turn him from the straight course.

That is right and proper, and everybody so recognizes it. A contrary course would be ground for debarment. Were it otherwise, society would be in a state of chaos and a resort to arms would be the rule and not the exception in the adjustment of personal differences.

The physician places himself in the attitude of the attorney

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when he accepts an appointment as examiner for a life insurance company. By education and training he has acquired the ability to pass on the eligibility of an applicant for insurance. By his painstaking examination and honest judgment. in great measure, the stability of the insurance world is maintained. It affords like protection to both insurer and insured. He is expected to place his client in possession of all facts pertaining to the risk, and further, to give his honest opinion, based on knowledge of applicant and thorough examination, as to the desirability of the risk. He is paid a fee commensurate with the work done, and it has been approved by all the medical organizations of which he is a member.He should be impressed with the importance of a clear, concise, truthful statement of every fact that will place as clear a picture as possible bfore the Medical Director, in order that he may arrive at as judicious a decision as possible as to the future relation of the party under consideration and the company that he represents.

As a part of the contract the applicant comes to the examiner with the understanding that all facts as to his own health, and the state of health and cause of death of any member of his family must be fully given to the company. He expects all that to be carefully inquired into, and the honest examiner will never disappoint him.

Last August the writer examined an applicant for insurance, abundance of sugar was found in the urine and sp. gr. 1028. To this may be added a loss of fifteen pounds in weight in the past year. (Weight 140). This application was, by request of the party, not sent in, and the company had no specific instructions as to that. I kept the examination in my office. I was recently called on to pass, as Medical Director, on an examination of the same applicant. General appearance given as good, whereas it was bad. He was 26 years old and looked all of 40.

Urinary test given, sp. gr. 1020.
Reaction acid.
No sugar.
No albumen.

Everything seemed perfect so far as his physical condition was pictured in the examination. No mention paid as to loss of weight in past two years. Yet it was given as 145, which showed that he was still ten pounds lighter than he was less than two years ago. I secured a specimen of his urine and found sp. gravity 1028; color, light straw and clear.

Reaction acid.
Abundance of sugar.

I discovered the further fact that he had received insurance in the company for which I had examined him, a short time after I refused to pass him. I called up our examiner by phone, asked him if he was sure the specimen was genuine, he said he was, as it was passed in his presence. I told him of my previous and present findings, and that it puzzled me that the specimen he secured should be in perfect condition. He got another specimen, examined it, and reported: Sp. gr. 1022, with some sugar. In this particular instance I am unable to say whose was the fault that the company failed to get satisfactory service. Had I not known the examiner, the

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natural conclusion would have been that he had either failed to examine the urine, or that after examining it, had criminally misrepresented the facts.

The urine should invariably be passed in the pressence of the examiner. No difference how well known the subject may be, no company is willing for the applicant to send the specimen up later.

With the arrangement about being perfected by this organization of Medical Directors, this examination could have discredited the examiner with every insurance company in the State.

A point well illustrated in this case is: When an examiner becomes satisfied that an applicant is not insurable, he should finish up the examination and send it in, for the information thus obtained is well worth the examination fee, and the examiner is entitled to pay, for his service, whether his opinion of the risk is favorable or unfavorable.

Another point is that the examiner should invariably weigh the applicant, for a few pounds may sometimes make a very great difference as to the desirability of the risk.

In discussing the subject of urinary examination with a member of our profession recently, I asked him if a person suffering with serious kidney lesion was sent to all the examiners in Texas to be examined for insurance, how many would fail to report to the company the condition as it actually existed. His answer was, "At least one in four, because they do not examine the urine."

The doctor, as a rule, is honest, and in my opinion 25 per cent is too high. Especially do I think that true of the membership of our medical organizations. But with my limited experience and investigation I have become convinced that the ratio is, indeed, greater than it should be.

Then, too, there are those who do examine the urine, and if found unfavorable to the applicant, will falsify it, so as to make it conform to the general rule of acceptable risks, in order to pass him, when in fact he should not have insurance at all.

With the weeding-out system, the unfortunate ratio of bad to good examiners will grow beautifully less. Certainly the derelict cannot long thrive as the proverbial green bay tree.

Proper Discrimination.

In the writer's short experience as a Medical Director he has observed that many examiners fail to properly discriminate between the risks. No difference what the individual or family history, some medical men never rate other than first-class.

Case 1. A. B., age 60: Irregular pulse, other objectionable features. Rating first-class. Rejected.

The examiner wrote and insisted that his rating was correct, and expressed astonishment that applicant should have been rejected. The Medical Director acts advisedly in every case and does not wish to reject a desirable risk, but before passing finally on a case it is sometimes true that he is in possession of facts as to personal and family history that the local examiner is ignorant of, or neglected to state.

When the local examiner has made an honest presentation of a case to the home office, unless he has come in possession

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of additional facts, it is perhaps not better part of propriety for him to insist on favorable consideration. Both agent and applicant are liable to feel that they have suffered a gross injustice and the home office may feel that it is receiving an overplus of free advice.

Not to be misunderstood, additional information acquired after the examination has been sent in, should be furnished the company at the earliest possible moment.

Case 2. D. C., rated first-class; was case of melancholia, with marked suicidal tendency. This fact should have been given under confidential remarks in the medical examination, but the information was acquired through inspection.

The physician who fails to give all possible information is guilty of error of omission, and he will sooner or later suffer financial loss.

A company in our State recently sustained a loss a few months after writing the policy. It developed that the applicant was far advanced with pulmonary tuberculosis at the time of examination, and it was so understood by neighbors and friends. The examiner rated her first-class. I presume the Medical Directors of all the companies in the State are familiar with this case. The financial loss to that examiner, in future years, cannot be estimated. Whether he acted in a careless or unscrupulous manner in making the examination, the result to him will be the same.

Careful Observation Necessary

To be a satisfactory medical examiner one must be a close observer. A dull, haggard, lifeless eye is an indication of disease or debility, but I fear its existence would not invariably be noted by a busy examiner, in a hurry to get through. We are all familiar with the various cachexias that point the index finger to malignant disease of some vital organ. They will not escape the acute observer if he will but take time to note their significance.

Irregularity of the pupils is a condition of importance, as it may indicate aneurism, a cerebral tumor, an approaching paresis or mental unbalance of some form. A dilated or contracted pupil will oftimes point to a drug habit. Heavily ridged finger nails are an indication of lowerd vital forces, and call for special cure in examining the heart, lungs and other important organs.

A first-class examiner will observe a man's movements when he comes into his office, and any irregularity of gait will be detected, and on further inquiry and examination may lead to the detection of locomotor ataxia and history of syphilis. Of first importance is a thorough survey of the subject, both before and during the examination, as it will aid in forming a correct estimate of the insurability of the risk.

In recently making an examination of a life insurance man, he removed his clothing to his undershirt. A stethoscope was employed. A careful ausculation and percussion was done. The area of cardiac dullness and point of apex beat was carefully determined. The abdominal organs were carefully palpated. All possible information as to personal or family history was elicited. Where one died from unknown cause the circumstances were carefully inquired into. In

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fact, I made only such an examination as was necessary to determine the man's physical condition and his chances of reaching his expectancy of life. When the examination was finshed he said: "Doctor, if all applicants were examined as carefully as you have examined me, there would be less insurance gotten by those applying for it." I told him I was sorry to hear him say that, as I had only done as an examiner should do with every applicant for insurance, and that some cases demanded a more careful and searching investigation than had been made in his case.

A company is entitled to a complete examination, and it is unquestionably necessary in forming a mature judgment of the risk.

A thing of supreme importance is that when an agent presents an applicant to the physician for an examination, it should be treated with the same professional secrecy that any patient, applying to him for treatment, has a right to expect and demand.

Fidelity to trust is an important quality in an examiner. I know of one prominent and capable physician who, perhaps, without his knowledge, has gone on the undesirable list of at least two companies, because he tried to persuade an applicant brought to him, to wait and take insurance in a company that he was interested in. It is my sincere hope that no stockholder of the company that I represent may ever be guilty of conduct so unethical as to prove unfaithful to a sacred trust. If a doctor is going to solicit insurance for one company he should resign his position as examiner for others and not place himself in the position of slapping his friend in the face.

As this paper is not intended as instruction to medical examiners, and is expected to be brief, with a recapitulation of the mental and moral qualities required of a good medical examiner, I will leave the subject with you.

Honesty is of first importance, then loyalty to a trust will naturally follow.

Ability to recognize the normal and abnormal conditions, and to appreciate their importance.

He should make a full, clear, concise statement of every fact that may have a bearing on the risk.

He should be an observer that can discriminate between the value of risks for insurance.

He should observe the strictest secrecy in this as in any other class of practice.

He should guard carefully the interest of the company that has entrusted its business to him.

He should be firm and not permit any consideration of personal friendship to influence his opinions.

He should fully appreciate a duty and do it under all circumstances.

His senses of sight, hearing, etc., should be unimpaired.

He should be a sober man, for if otherwise, his judgment, as well as character, will sooner or later suffer serious impairment.

He should be prompt, for good business is sometimes lost by the neglect of the examiner.

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He should be all that one would expect of a good, honest, trustworthy family physician.

He should be thorough, and when facts are discovered that are not brought out in the regular questions, they should be clearly stated in blank under confidential remarks.

He should be willing to give sufficient time to each subject to enable him to complete the examination in every detail.

When the examiner fills every requiremnt, the relation between him and the company is very satisfactory and profitable to both.

President J. H. Florence's Report

Before the Texas Association of Medical Directors.

Dallas, Texas, May 10, 1910.

Gentlemen:

"It being practically our first meeting and having the honor to be your first president, I wish to say by preface; that some months ago eight or more Medical Directors attending the Central Texas Medical Association, it occurred to us to organize this body known as the Texas Association of Medical Directors. This explanation I make perchance some may have thought the organization was prearranged and they had been ignored. I wish to assure you that nothing of the kind was intended.

The reasons for organizing are:

(1). To get better results from our work.
(2). Mutual protection from our respective Companies and Orders.
(3). To keep a closer and more rigid check on our impairments.
(4). To get better results from our Local Medical Examiners and to eliminate from our lists the incompetent, careless and unscrupulous.

Many other benefits may accrue and the results gained will be in proportion to the co-operation of all concerned.

I wish to stimulate at this meeting a discussion along Medical Life Insurance lines as pertains to our work in general, and especially on the following topics:

(1). A system of exchange of information. Also, ideas of all present as to a central bureau to distribute the same.
(2). What can be done with the careless medical examiners to avoid incomplete examinations.
(3). What can be done with the ignorant examiners.
(4). Can any plan be devised to know absolutely that urinalyses are made in each and every case.

It is a well known fact that carelessness gives us more losses than ignorance. I hope to hear a free discussion along these lines and anything else that is of interest."

Thanking you for this honor of being your president and hoping great good may come of the Texas Association of Medical Directors, I am at your service.

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The First Regular Meeting of the Texas Association of Medical Directors

This association met in the Praetorian building at 8 p. m., May 10. 1910. The minutes of the meeting held in Waco, Texas, in January, 1910, when this association was organized, were read and adopted.

Dr. J. H. Florence, of Houston, Texas, the president, next read his chairman's address, which is published elsewhere. The report of the Committee on Constitution and By-laws was presented by its chairman, Dr. John S. Turner, and said report was adopted by the association. (See elsewhere in this issue.)

The next question was a discussion of who were members of the association, and applications for membership were received as follows: Dr. Ambrose Talbot, Medical Director Kansas City Life Insurance Co., Kansas City, Mo.; Dr. J. H. Florence, Medical Director, and R. W. Knox, Assistant Medical Director, Great Southern Life Insurance Co., Houston, Texas; Dr. J. W. Scott, Medical Director Guarantee Life Insurance Co., Houston, Texas; Dr. J. S. Lankford, Medical Director San Antonio, Life Insurance Co., San Antonio, Texas; Dr. C. E. Schenck, Sherman, Texas, State Medical Director Modern Woodmen of America; Dr. W. W. Cunningham, Medical Director, and C. A. Cobb, Assistant Medical Director, Empire Life Insurance Co., Beaumont, Texas; Dr. Edward Randall, Medical Director, and James W. Greenwood, Jr., Assistant Medical Director, American National Life Insurance Co., Galveston, Texas; Dr. N. A. Olive, Medical Director Southern Union Life Insurance Co., Waco, Texas; Dr. John S. Turner, Medical Director, and W. A. Boyce, Assistant Medical Director, Southland Life Insurance Co., Dallas, Texas; Dr. J. W. Irion, Medical Director Fort Worth Life Insurance Co., Fort Worth, Texas; Dr. A. M. Curtis, Medical Director Texas Life Insurance Co., Waco, Tex.; Dr. G. B. Foscue, Medical Director Amicable Life Insurance Co., Waco, Texas; Dr. Henry Weinfield, Medical Director for Texas of the Sons of Hermann, San Antonio, Tex.; Dr. James Cooper, Supreme Medical Director United Benevolent Association, Fort Worth, Texas; Dr. Frederick Hadra, Medical Director Equitable Life Insurance Co., of Texas, San Antonio, Texas, and Dr. M. M. Smith, Medical Director Modern Order of Praetorians, Dalllas, Texas.

The visitors present: Dr. W. F. Milroy, Medical Director Bankers' Reserve Life of Omaha, Nebraska; Dr. G. Q. Wollen, Medical Director of American Central Life Insurance Co., Indianapolis, Indiana; Dr. Elizabeth Hooper, Port Huron, Michigan, Medical Director Ladies' of the Maccabees of the World; Dr. Ira W. Porter, Omaha, Neb., Medical Director Woodmen of the World; Dr. C. M. Rosser, Medical Director Sam Houston Life Insurance Co., Dallas, Texas; Dr. J. H. Smart, Assistant Medical Director Southwestern Life Insurance Co., Dallas, Texas; Dr. J. Allen Kyle, Houston, Texas, Medical Director Southern Benevolent League; Dr. J. H. Reuss, ex-Medical Director Southwestern Life Insurance Co., Dallas, Texas.

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The following officers were unanimously elected for the ensuing year: Dr. J. H. Florence, Houston, Texas, President; Dr. J. S. Lankford, San Antonio, Texas, Vice-President; Dr. M. M. Smith, Dallas, Texas, Secretary and Treasurer.

Dr. W. F. Milroy of Omaha was next invited to address the Association and spoke at some length as to the good which might result from an organization of this character in the State and the mutual benefit to be derived from the insurance companies. This was followed by Dr. G. Q. Wollen of Indianapolis, who spoke rather favorably of the valuable business for insurance companies in Texas, and spoke of the splendid class of risks his company had in this State and referred to the good of an organization of this character. Dr. A. Talbot of Kansas City, Mo., next spoke of the value of this organization and referred to the importance of having goood local examiners. Dr. Talbot furnished the association much valuable information drawn from his large experience. Dr. Ira W. Porter of Omaha, Neb., was next called upon and he spoke at some length of the value of good local examiners, referred to their large business in Texas and furnished the Association with much valuable information as acquired from a large fraternal insurance company. Dr. Elizabeth M. Hooper of Port Huron, Mich., was next called upon and she spoke at some length concerning women risks for insurance and gave the members of the Association some valuable information, and she also referred to the value of looking to the local medical examiners.

At the close of Dr. Hooper's address the association adjourned until 10 a. m. next day, to be entertained by the Dallas Medical Directors at the Oriental Hotel by a banquet.

Morning Session.

A paper read by Dr. Ira W. Porter of Omaha, Neb. (See elsewhere in this issue). This paper was freely discussed by the following: Drs. E. M. Hooper, G. Q. Wollen, A. M. Curtis, W. F. Milroy, C. E. Schenck, James G. Greenwood, Jr., A. Talbot, J. S. Lankford, J. H. Florence, J. W. Scott, R. W. Knox, G. B. Foscue, F. Hadra and Dr. Ira W. Porter closed the discussion of the paper and spoke at some length about the points brought out in the discussion. The Association adjourned until 3:30 p. m.

Afternoon Session.

Dr. N. A. Olive next nead a paper, which is published in full elsewhere. The discussion indulged in was as liberal and valuable as in the former paper. The paper was next read by the Secretary, which was presented by Dr .S. J. McDermith of Denver, Colo., who was unavoidably absent from the meeeting. This paper was likewise of such value that a vote of thanks was tendered the doctor for its presentation. Dr. J. W. Scott was invited to address the memebers on "Heights and Weights." Dr. M. M. Smith was invited to discuss the question of Tuberculosis affecting risks and especially invited to discuss the question as to the length of time that should elapse before an applicant is eligible for insurance after having beeen exposed to a case of tuberculosis. A motion was made that all other business of the Association requiring im-

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mediate attention should be referred to the Executive Committee. The date and place of the next meeting was also left to the Executive Committee. A vote of thanks was tendered the visiting physicians from other States for their presence upon this occasion and the valuable service they were to the Texas Medical Directors.

By motion of Dr. Lankford the Texas Medical News was made the official organ of the Association.

Dr. M. M. Smith, the Praetorians and the Medical Directors of Dallas were also tendered a vote of thanks for the courtesies shown the Association during the session.

The Association adjourned until the next regular meeting, the date and place to be selected by the Executive Committee.

Banquet Given the Members of the Texas Association of Medical Directors

On the night of May 10 the resident members of the Texas Association of Medical Directors, Drs. John S. Turner, C. M. Rosser, J. H. Smart and M. M. Smith tendered a banquet to the visiting members of this Association at the Oriental Hotel, beginning at 11 p. m., and extending into the wee sma' hours of the night. The menu was complete in every detail and served in the Oriental's style, and the tables beautifully decorated with flowers. Dr. M. M. Smith acted as toastmaster, and the toasts were responded to by the following parties: Dr. G. Q. Wollen, Indianapolis, Ind.; Dr. A. Talbot, Kansas City, Mo.; Dr. Ira W. Porter, Omaha, Neb.; Dr. E. M. Hooper, Port Huron, Mich.; Dr. W. F. Milroy, Omaha, Neb.; Dr. John S. Turner, Dallas, Texas; Dr. J. S. Lankford, San Antonio, Texas; Dr. J. H. Florence, Houston, Texas; Dr. G. B. Foscue, Waco, Texas; Dr. R. W. Knox, Houston, Texas, and Dr. C. M. Rosser, Dallas, Texas.

Constitution and By-Laws

Medical Directors' Association of Texas.

ARTICLE I—NAME.

This organization shall be known as the Medical Directors' Association of Texas.

ARTICLE II—PURPOSE.

The purpose of the organization shall be to advocate and advance in all proper ways such measures as have for their object the upbuilding of the medical departments of all legitimate life insurance companies of the better class, both old line and fraternal, which are doing business in this State; to promote and facilitate closer relationship between the Medical Directors of the various companies for reasons both personal and professional, looking ultimately to the end that better and more prompt servic be rendered to the companies which are represented by the members of this organization.

ARTICLE III—MEMBERSHIP.

Section 1. The membership of this association shall be

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composed of the Medical Directors and Assistant Medical Directors of the various life insurance companies of the better class doing business in Texas—said qualification to be determined by the association.

Section 2. The application of each candidate for membership must be endorsed by two members of the association in good standing, and recommended by the Executive Committee; after which they shall be elected by ballot by majority vote of the members present.

ARTICLE IV—DUES.

Section 1. The annual dues shall be $5.00, payable in advance.

Section 2. The initial dues for one year shall be paid to the Secretary-Treasurer at the same time application for membership is made, the same being made a part of the application for membership.

Section 3. For non-payment of annual dues after notification by the Secretary-Treasurer, the name of a member shall be dropped from the roll of membership. Re-instatement may be had by a majority vote of all the members present at the succeeding meeting, provided all dues and assessments have been liquidated.

Section 4. In addition to the regular dues, by a majority vote of the members present, an assessment may be levied at any time for such purposes as is indicated at the time that such assessment is levied.

ARTICLE V—MEETINGS.

The association shall meet annually on the ———— day of————————, at such place as has beeen designated; or at any other time or place at the call of the Executive Committee.

ARTICLE VI—OFFICERS

The officers of this association shall consist of a President, Vice-Presndent and Secretary-Treasurer, who shall be elected annually and who shall perform the duties ordinarily pertaining to their respective offices. In addition to the usual duties of the Secretary-Treasurer, he shall be a member of all of the standing committees except the Finance Committees.

ARTICLE VII—EXECUTIVE COMMITTEE

The Executive Committee shall be composed of five members, together with the President and Secretary-Treasurer, who shall be elected at the annual meeting of the Association's work shall be undertaken, and regulate the order of business for the meetings in accordance therewith. This Committee shall convene upon the call of the President or upon demand of three of its members. Three shall constitute a quorum, which shall be necessary to give validity to its transactions, of which a record shall be kept.

ARTICLE VIII.—STANDING COMMITTEES.

Section 1. The following standing committees shall be appointed by the President and shall continue in service during the year of the presidential term, or until their successors

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shall have been appointed: Education, Home Office, and Finance. The President shall have power to appoint other Committees as may be deemed advisable.

Section 2. The Committee on Education shall consist of four members appointed for the purpose of studying ways and means by which the educational work of the Association can be most effectively carried on. Upon this Committee the President and the Secretary-Treasurer shall be ex-officio members.

Section 3. The Home Office Committee shall consist of three members whose duty it shall be to foster and bring before the proper officers of the Home Office such measures as it may deem advisable for the upbuilding of the Medical Departments of the various life insurance companies; urging the adoption by the Home Office of such measures as will tend to improve the medical organization of the company as well as promote longevity in its policy holders.

Section 4. The Finance Committee shall consist of three members whose duty it shall be to pass in review upon all bills made by the Association, at the annual meeting, and to act as a joint auditing committee on the books of the Association, reporting its findings to the general session of the Association.

ARTICLE IX.—ORDER OF BUSINESS.

(1). Call to order.
(2). Reading minutes.
(3). Report of committees.
(4). Unfinished business.
(5). New business—Selection of officers and place of meetings.
(7). Program.
(8). Adjournment.

ARTICLE X.—AMENDMENTS.

This Constitution and By-Laws may be amended at any regular meeting of the Association by a two-thirds vote of the members present, thirty days' notice of such amendment having been given in writing. Seven members shall constitute a quorum for the transaction of any business that may come before the Association.

In the Footsteps of Damien

"The Rev. Lambert Louis Conrady is dying of leprosy among the lepers near Canton, China." Even the friends of the priest, says *The Catholic Citizen* (Milwaukee), will hardly appreciate the pathos of this simple announcement. This paper goes on to relate the career of this hero and martyr to duty. We read:

The tragedy is found in his despairing sense of failure with success within his grasp, exprest in a letter written by him a few months ago, when he felt the malady creeping upon him and felt himself physically unable to fight the battle before him. He wrote:

"I am not well, but hope that God will give me a few years more to work among the lepers.

"I have begun well; it would be easy now to go ahead. If I can only live five years more.

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"If I was only 40 years old—then I feared no one and nothing."

Father Conrady was born in 1841, and educated for the missionary priesthood in Paris, being ordained in 1867. He spent seven years as missionary in India and then came to the United States to labor in the same capacity among the Indian tribes of the Northwest.

During the fourteen years that he was engaged in this work he went through a number of Indian wars, being present at many battles, and won the friendship of President Cleveland on a trip to Washington in behalf of his redskin charges. He also became a naturalized American citizen.

In 1888 he heard of the illness of Father Damien, the young Belgian priest, whose life and death in the leper colony of Molokai evoked Robert Louis Stevenson's famous letter. He wrote and asked if he could be of assistance, and on receiving an affirmative reply started at once for Hawaii. He was Father Damien's companion for a year, and after the latter's death continued his work for seven years.

The American occupation and the support of the colony by the State made individual sacrifice no longer essential, so he set out for Canton, China, where he had heard that the lepers were neglected.

He found conditions worse than he had imagined. Thousands of lepers lived in huts in graveyards on scant fare and cared for by no one. He decided that a knowledge of medicine would be necessary to carry on the work, and so he returned to Portland, Ore., where he took a degree, after four years' study at a medical college.

He hoped to return to his old home in Belgium for a short visit, but finding that his old Indian charges were without a pastor, changed his plans, and for four years worked among them in the Oregon mountains.

He then went to China and took up his work there. He soon found, however, that he could not accomplish anything without money, and money he could not get. He went home to Belgium, but, after two years' inactivity, at the age of 66 years, he came to the United States, determined to raise the necessary money to launch a mission for Chinese lepers. In two years he had raised $30,000 and set out for China. He spoke several times in Chicago.

While soliciting funds in the United States in March 1908, for the work, Father Conrady was quoted in Duluth, Minn., as saying:

"Leprosy is not as contagious as people imagine it to be. Only one person out of ten ever succumbs to it after exposure. I do not fear it in the least. I trust to the Providence of God to preserve me from being the tenth person."

That was about a year ago. He bought an island in the river sixty miles from Canton, transported there 500 lepers, and built them shelters. This took $10,000 of his money, and from the remainder he had an income of $1,000 a year. As he was physician, nurse, attendant, office force, and executive head for the colony, and as food cost only 3 cents a day for each person he was in a fair way to carry his great burden.

But in his letter he complained of the unruly "bad lepers," the river pirates, the weakness of age, and illness. And now he is dying.

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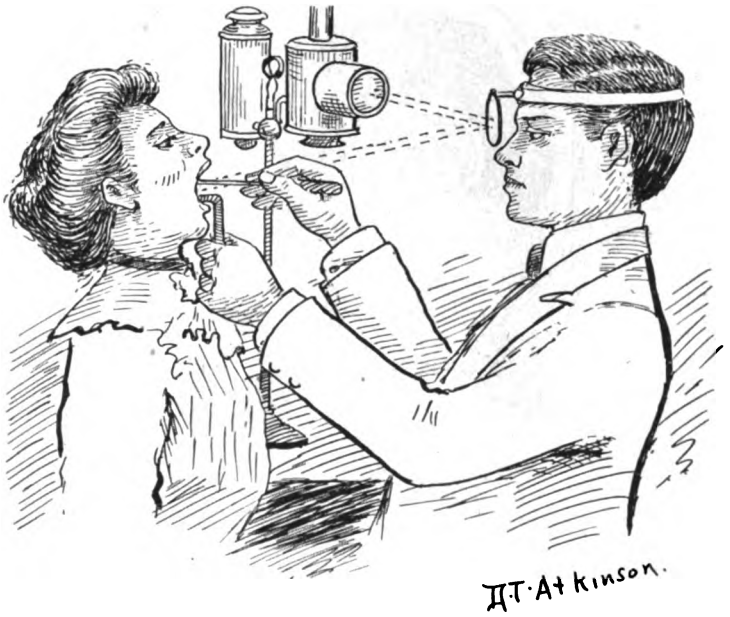
Eye, Ear, Nose and Throat Department

EDITED BY D. T. ATKINSON, M. D.
Dallas, Texas

Disturbances of Motility of the Vocal Cords as a Factor in Diagnosis

Read before the North Texas Medical Association at Fort Worth

The subject of this paper, or rather this report of cases, is one that appeals primarily to the general practitioner, and it was in his interest that it was written. In presenting it for the consideration of this body of the medical fraternity, it is



Use of Reflected Light in Larynx Examination

with the idea that its contents should be suggestive rather then exhaustive for, in a brief paper of this kind, it would be impossible to dwell at any length or more than mention the most commonly found defects of this nature.

As a preface I may state that I expect from some of my friends a word of criticism, to the effect that laryngeal examinations are entirely within the domain of the laryngologist, but this is an age of progress, and progress and scientific diagnosis go hand in hand in the medical profession. Of all our instruments of precision the laryngeal mirror is probably one of the simplest, and though its use entails the necessity

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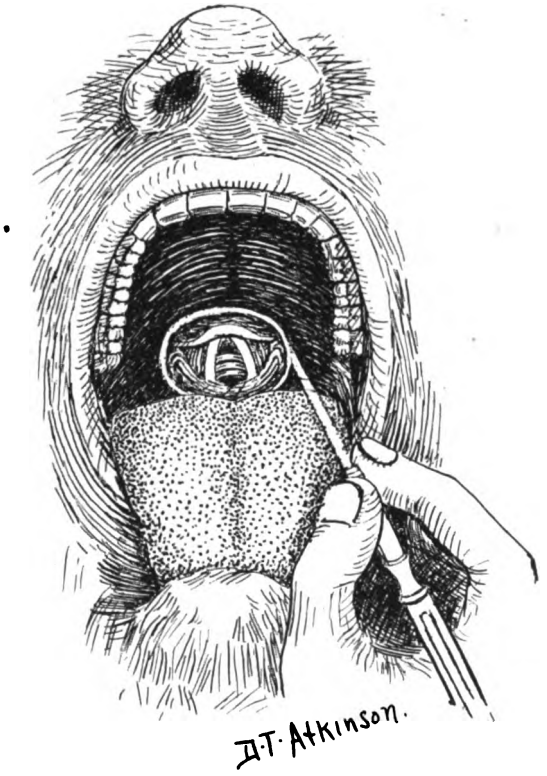
of patience and perseverance the results more than compensate one for the time spent in familiarizing one's self with it.

Many physicians in the smaller towns and rural districts of the state are already doing good work with the laryngeal mirror. Not long ago I had referred to me a case who came with a letter from the family physician, stating that the patient had a nodule on the left vocal cord. The nodule was present though on the right cord, as the examiner had not remembered that in the laryngeal image, which is inverted, the left vocal cord remains the left cord and vica versa, however there can



The Larynx as Seen in the Laryngeal Mirror

be no doubt that the larynx had been carefully examined and that the nodule had been seen.

By way of explanation I wish to say, first, that these cases which I mean to report have been selected from by far the most common and most important class of vocal cord malpositions which are due to paralysis of a group of muscles which play the largest role in adduction and abduction of the true vocal cords.

I trust I may be pardoned before presenting these cases for giving a brief review of the nerve supply of the larynx,

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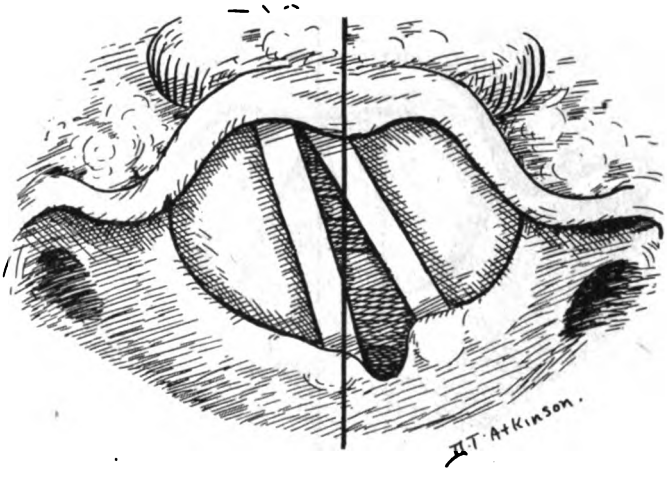
for this has a particular bearing upon the subject. This organ is supplied exclusively by the pneumogastric nerve. One branch, the superior laryngeal supplies the larynx with sensory fibres and with motor fibres to the cricothroid and thyroepiglottidean muscles, therefore, is of little importance in a study of these cases.

The vocal cords are addjcted and abducted by the cricoid cartilages to which they are attached. The muscles giving them movement are presided over by the recurrent laryngeal nerve, therefore a knowledge of its distribution is important. The right recurrent arises at a level and in front of the right subclavian artery and ascends between the trachea and oesophagus, enters the larynx at the lower border of the cricoid cartilege and distributes its fibers to the muscles. The left recurrent arises at a level and in front of the arch of the aorta



Case 1

and ascends a little in front of its fellow, that is a little beside, rather than behind the trachea to enter the larynx in the same way as the right recurrent. I shall again refer to the position of these recurrent nerves in a report of a case.

Case 1.

This gentleman, 73 years old, developed a lump on his neck twelve months ago, which grew slowly. Later he noticed this lump on his head. Had an operation performed 3 months ago, and the mass removed from his neck. The operation was extensive enough to necessitate a removal of a portion of the external carotid and jugular. Since then the lump has returned, as you see. He came to me shortly after the operation with hoarseness which he thought was due to cold. The larynx presents a peculiar picture. The left cord is abducted show to its fullest extent and the right accord passes the median linein an attempt at compensation. This gives his cords

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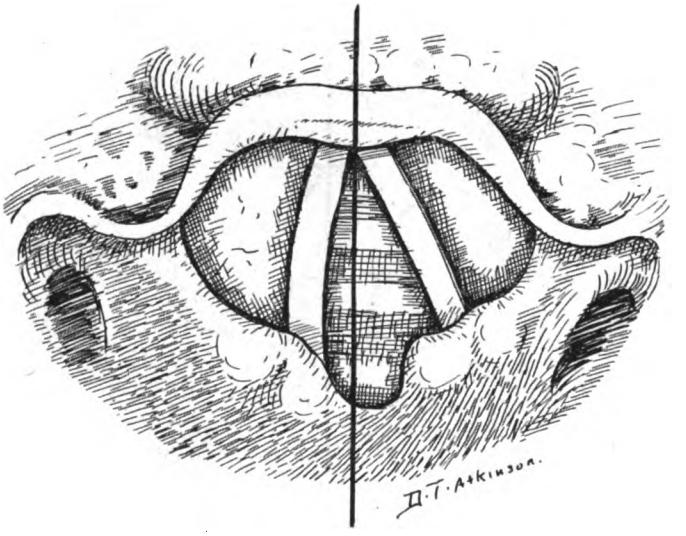
the appearance of being set diagonally across the larynx. You will notice the pronounced escape of air during his attempts at phonation. I have prepared this drawing as well as I can to show the exact picture of the larynxas seen in the mirror. The diagnosis of this case is paralysis of the left lateral crico artitinoidian muscle due to pressure from a malignant growth upon the left recurrent laryngeal nerve.

Case 2.

Woman 60 years old, lived near Hillsboro. History negative. Had had difficulty in swallowing for a year. Had been fed with a stomach tube. A mass could be felt under the trachea. Developed a slight hoarseness which progressed



Case 2

to complete aphonia. Larynx normal in appearance, with exception of fixing of right vocal cord in cadaveric position. Diagnosis cancer of the oesaphagus, affecting the lateral and posterior crico arytenoids.

Patient died a year later.

The position of the right recurrent nerve is responsible for this clinical picture. We have seen that the right recurrent passes up more behind than beside the trachea so that a growth in the oesophagus would cause pressure upon it and not the left recurrent which passes up beside the trachea.

Case 3.

Man 36 years old, auctioneer, home in Rogers, Ark. Mother and two sisters died of tuberculosis. Is amaciated and very aenemic. No history of syphilis. Has had cough for five

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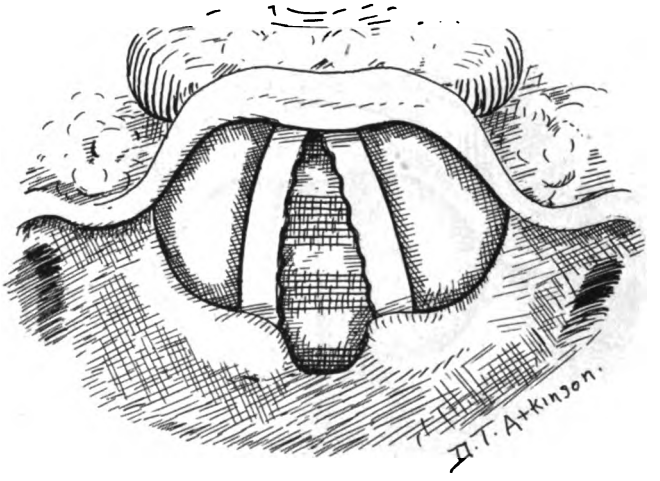
years, tubercular bacilli found in sputum three years ago, and several times since. Gave up vocation three months previous to examination. Very much debilitated. Examination showed larynx congested but free from nodules or ulcers. Voice almost entirely lost. Escape of air when attempting phonation. Cords half way between adduction and abduction, the cadaveric position. Edges of cords loose and flabby. On attempting phonation the cords are seen to move inwardly very slightly. Approximation impossible. The diagnosis in this case is bilateral palsy of the lateral crico aritenoid or adductors, the posterior crico aritenoid or abductors and the inferior thyro artenoids which produce tension of the free edges of the cords not central in origin but due to muscular degeneration and over exertion in speaking. These paralyses are often found in cases of excessive debility. The muscles of the larynx



Case 3

become weak and flabby in the same manner that the muscular system generally is affected.

Case 4.

Young lady, 26 years old, school teacher. Referred by Dr. Ballard of McLean, Texas. Came with her sister who stated that patient had not spoken a word for two weeks. Conversed altogether on paper. On attempting phonation did not emit a sound. Has been of nervous temperament all life. Had disordered menstration. Aenemic and emaciated. Is constipated. Father has been in asylum. Larynx normal in appearance but cords convulsively press together during attempts at phonation. Respiratory position normal. Diagnosis hysteria. Patient recovered after a week of purely psychic treatment and encouragement.

Case 5.

Woman 30 years old, married, one child. Occupation, mil-

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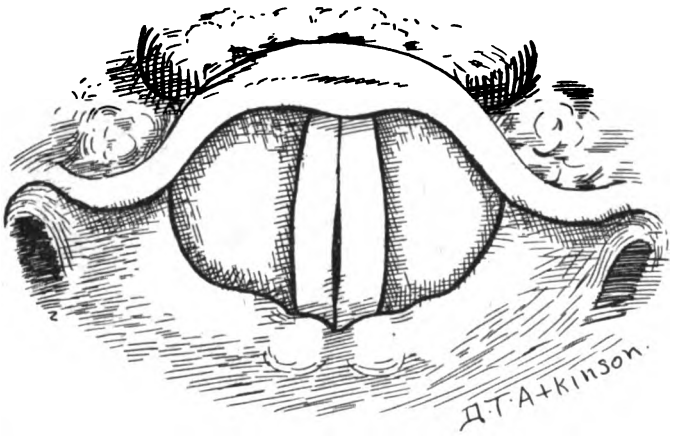
liner. Called to see me last August. She gave a history of having had cough for years. Her voice was harsh and high pitched. Her family history was good. A week previous to the examination she noticed this unhappy change in the voice though she had been slightly hoarse for months. The laryngeal mirror showed a general inflamation of the larynx. Her cords were pressed together normally in the anterior portion during phonation but they gaped posteriorly. I diagnosed this case as a chronic laryngitis, with acute exacerbation causing inflamatory paralysis of the transverse aritenoid muscle. I think this was confirmed by a restoration of normal position of the cords upon disappearance of the acute inflamation.

Case 6.

Man 62 years old. Life insurance agent. Had suffered for



Case 4

ten years with muscular tremors. For several months has periodical attacks of unsteadiness of the voice. Sometimes finds it difficult to express himself. Attacks interfere with his business. Health apparently good, with exception of tremors in muscles. Reasonably vigorous for his age. Larynx normal in appearance with the exception of a rythmical twitching outward of the cords while attempting to phonate during the attacks. Diagnosis, clonic spasms of the abducators secondary to paralysis agitans.

Case 7.

Young man 23 years old, farmer. Referred by Dr. McAllen of Greenville, Texas, R. F. D. Contracted syphilis when 19 years of age. Has persued anti-specific treatment very erratically. Three months before examination, began to have what he termed shortness of breath. Condition progressed

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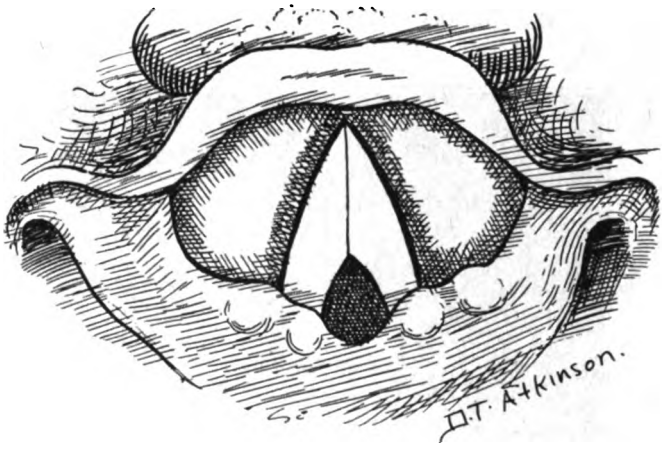
until dyspnoea became painful. Came to me in great distress. Voice cracked and shrill. Mirror showed cords very much adducted during respiration. Very narrow cleft between them. Violent efforts at respiration do not separate them, larynx otherwise normal. Diagnosis was made of paralysis of the posterior crico aritenoid of specific origin. The diagnosis was borne out by a very decided improvement of his condition under vigorous anti-specific treatment.

It will be noticed that in this group of cases the recurrent laryngeal nerves are the ones affected. I think we can safely say that in seven-eighths of laryngeal paralyses these nerves alone are alone involved which show how simple it is to obtain a working knowledge of these conditions. Pressure on the nerve during its course is the most frequent cause of laryn-



Case 5

geal paralysis. This is particularly true on the left side where by its close relation to the arch of the aorta it is exceedingly likely to be interfere with by anuerisms of that vessel. I remember having seen a case in a Chicago clinic, where the anuerism had not been diagnosed till laryngeal examination showed a paralysis which called attention to that structure.

These paralyses may be caused by effusion into the peri cardial sac, enlarged glands, growths in the oesophagus or mediastinum exudates in the plural cavity, or any condition which brings to bear pressure upon the nerve trunks. Very often they are due to central lesions, such as enboli tumors or gummata. Another very common cause may be found in local inflamation in the larynx which impedes the action of the muscles themselves by pressure upon them from the products of inflamation.

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Electro-Therapeutic

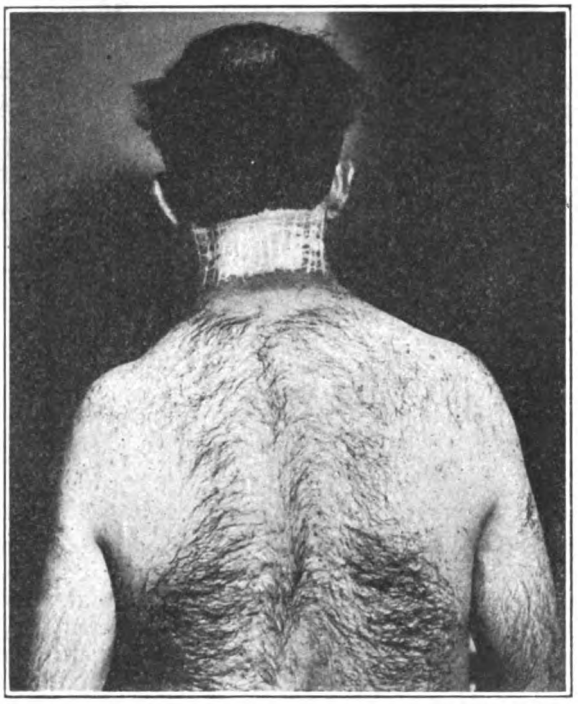
EDITED BY J. M. MARTIN, M. D.
Dallas, Texas

The Depilatory Action on the X-Ray

BY. J. M. MARTIN, M. D., DALLAS, TEXAS

Soon after the advent of the X-ray into the field of therapeutics it was learned that when hairy surfaces were subjected to a certain amount of X-ray from a low or medium vacuum tube, the hair would fall, often times before any change could be seen on the surface of the tissues so exposed.

This fact has been turned to good account in the treatment of many diseases of the hairy parts as in Ringworm of the scalp, Sycosis, etc., where a removal of the hair is necessary to a cure of the disease.



The following case will serve to illustrate the technique and modus operandi necessary in the successful removal of hair from any part of the body.

Mr. J. I. F., aged 32, dark complexioned and a barber by trade. He had a very heavy growth of hair upon his head and to his great embarrassment and humiliation it continued down the back of his neck and covered his entire back.

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He had made several very desperate though unsuccessful efforts to have it removed.

One physician had sacrificed the tissues on the back of his neck as indicated by the checkered appearance in the picture, then applied some caustic drug, which blistered the entire surface and caused him a great deal of pain and discomfort.

The treatment, desperate as it was, did not remove the hair except in narrow cheeks corresponding with the lines of incision in the skin.

He came to me October 18, 1907 and insisted that something be done to remove the annoying hair and clear up the ugly scars on the back of his neck.

On account of the great number of hair on his neck and the large area to be treated I did not want to attempt to remove them by electrolysis. Such a proceedure would have been slow and tedious and the expense would have been rather more than the patient would have cared to incur, besides the results, from a cosmetic standpoint, would have in no way compare with the results suecured in the case.

He received in all twenty ten minute X-ray exposures from a low vacuum tube at a distance of six inches, during a period of three months. Quite a little dermatitis was produced in the tissues, which disappeared, however, leaving the skin free from hair and the scars caused by the scarification and cauterization, much less prominent.

In attempting this line of work the physician should be thoroughly familiar with his tube and understand its action upon the tissues, that the treatment may not be carried beyond the safety point.

Properly used in suitable cases the results will be gratifying to both physician and patient.

I would not, however, advocate the use of the X-ray to remove the downy hairs that often appear on the sides of the face. They may be removed in this way, but such practice should always be discouraged. Women sometimes appear for treatment for this condition and would often go to any extreme to have these hairs removed.

In cases like the one herein reported the use of the X-ray is fully justifid. Many other cases might be mentioned that would be equally suited to the treatment but no definite rules can be laid down since every case must be treated according to indications.

Suites 312 Wilson Building.

Infant Feeding

BY DR. J. SPENCER DAVIS, DALLAS, TEXAS

Read before the Dallas Medical and Surgical Society.

The intelligent application of the principles involved in infant feeding is of great practical significance, and is well worthy of the seriouus attention of medical men. For the past 15 years there has been no subject in the domain of pediatrics which has received so much attention or such painstaking invertigations and it is difficult to estimate the great value of the results following our increased knowledge

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in this particular department of medicine. So many lives have been saved by the means of proper feeding that it is only excelled by the discovery of antitoxin and its use in the treatment of diptheria.

There are four methods of infant feeding, viz.:

(1) Breast or maternal feeding.
(2) Wet nursing.
(3) Mixed feeding or a combination of breast and bottle feeding.
(4) Bottle or artificial feeding.

Maternal Feeding

This is the first method mentioned and is also of the first importance. No other milk, it matters not how skillfully modified it may be, is equal to the breast milk of a healthy woman. It is true, that in some cases the milk of the mother will not agree with the child, but the mother's milk can be altered in quite a good many cases so that it will be digested and have the proper nutritive value. This is a point which is greatly neglected as in many cases no attempt is made to alter the mother's milk, but the baby is taken off the breast and put upon the bottle or the parents are given a prescription for paragoric or similar drug to relieve the symptoms, which they are instructed to have re-filled from time to time. The milk of the cow is greatly altered by the quantity and character of the food as well as by the amount of exercise and so it is with breast milk. Dr. Rotch of Boston carried out a series of interesting experiments and was able to demonstrate by chemical analysis that marked changes can be made by the simple means of regulating diet and exercise.

He lays down the following general principles for guidance in managing difficult cases of breast feeding.

(1) The quantity of breast milk is increased by increasing the liquuids and also by encouraging the mother to believe that she will be able to nurse her child.
(2) The total solids may be increased by shortening the nursing periods.
(3) The fats may be increased by increasing the amount of fats and meats.
(4) The proteids may be increased by shortening the nursing periods and by decreasing the exercise.

The early secretion of the breast, the colostrum, is laxative and acts as a stimulant to the digestive organs. The colostrum period, as a rule, lasts only a few days, but in certain cases it may persist and be an early cause of digestive disturbance.

No sacrifice is too great, and every resource should be utilized in the effort to nurse the young infant and only the most serious consideration of health can justify the medical attendant in advising and the mother in not nursing her child.

Wet Nursing

It is very important in selecting a wet nurse to get one which is healthy, and I believe that it is better for her own and foster child to be about the same age, although this is not absolutely necessary.

Her habits should not be materially changed or her exer-

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cise restricted beyond the point to which she has been accustomed, nor should she be fed on too rich a diet as all of these will change the quality of her milk and may render her entirely unfit to nurse the foster child. Wet nursing is not quite so common now as formerly, since we have learned properly to modify cow's milk, but there are certain cases which will apparently thrive only on breast milk, and all of us have seen cases with chronic digestive disturbance which were apparently hopeless, begin to improve on breast milk after all the other resources had been exhausted. We shouuld be very careful and protect the interest of the wet nurse and not give her a syphilitic child to nurse.

Mixed Feeding

This is a source which should possibly be utilized more than it is at present, and it is advisable to use it especially toward the end of lactation. It is also of great value where the mother has to help earn the living and is compelled to work out. Here the baby may be supplied with bottle feeding during the mother's absence and still have the advantage of breast milk at the time she is at home. Even the small quantity of breast milk the child obtains in this way will help him to take care of the artificial food more esily than otherwise. By this means many mothers will be enabled to nurse the child when they could not do so otherwise, and even in normal cases the baby can be supplied with one or two bottle feedings and allow the mother an evening off from the constant care of the child. When wet nurses are used we can use this means to gradually accustom the child's digestive apparatus to the artificial food and the wet nurse will not have to be in constant attendance upon the foster child.

RESOURCES

FATS

CARBHYDRATES	Lactose, Maltose, Sucrose, Dextrose, Starch
PROTEIDS	Whey, Casein
ALKALIES	Sod. Citrate, Sod. Bicarb, Lime Water
CEREALS	Barley Water, Oatmeal Water, Rice Water

PEPTONIZATION

Artificial or Bottle Feeding

Practically all pediarist are agreed that the best and most available substitute for breast milk is properly modified cow's

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milk. The mixed milk of a herd is less veriable n its composition than that of a single cow, and for that reason is to be preferred in infant feeding. Holstein and Durham and native crosses of these breeds furnish the best milk for substitute feeding, and the Jerseys are the least desirable for the reason that the volatile glyceride contained in Jersey's milk is greatly in excess of the normal and the fat corpuscles are larger than those of the Holstein and less easily emulsified. Both the breast milk and cow's milk contain 4% of fat but breast milk contains less of the volatile fats and more of the non-volatile fats, Olein, Palmatein and Stearin, which are more easily digested.

On the chart are enumerated the various resources which are ordinarily used, and it is the purpose of the remainder of this paper to briefly discuss them seriatim.

Fat

The amount of fat of cow's milk which an infant can take and digest varies with his weight and digestive capacity. An excess causes regurgiration and if this is checked by alkalies or other means and the fat kept too high there is apt to develop a condition simulating marasmus. An excess of fat may also be the cause of eczema on the buttocks as a result of an acidity of the stools.

Sugars

The smaller percentage of lactose in cow's milk can be readily adjusted by the addition of sugar and milk; the latter is not added merely to make the food sweet, but to supply a food element. The various sugars which may be substituted for lactose are enumerated on the table and of these Maltose is said to be the most laxative, the others are of value in certain cases which have an intolerance to Lactose.

It was formerly taught that the sugars were practically harmless and that they could be used in almost any reasonable percentage, and that they largely took the place of fats. This caused such foods as condensed milk, Mellin's Food, etc., to be placed on the market and they were supposed to be ideal foods in those cases with a casein or fat intolerance.

Finklestein in Germany and Herter in this country have pointed out, however, that in certain cases in which the sugars are greatly in excess of the digestive capacity of the infant, a state may suddenly develop which stimulates Cholera Infantum and the litle patient may become moribund and die in twenty-four hours. Herter, speaking further of the matter states that in certain cases there will only be a chronic disturbance of digestion, accompanied by very slight symptoms, but producing a state which he called Infantalism. All of these cases are accompanied by a glycosuria of alimentary origin, and in some cases considerable quantities of lactose or galactose will be found in the urine.

Proteids

In breast milk the whey proteids are two-thirds of the total proteids and the insoluble casein one-third, while in cow's milk it is just the reverse. In order to overcome this difficulty the use of the split proteid was brought forward, and is a very valuable addition to our resources. Although it has

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long been recognized that the caseinogen with the resulting casein curds formed in digestion is an important factor in the difficulty of the digestion of cow's milk, and though this resource of modification based entirely on the principles pointed out by nature, has long been in the hands of the profession, it has not been either properly or thoroughly tried.

Physicians prescribe a formula containing one per cent of proteid and indigestion results. They then cut down the proteid perhaps to 25% and the infant does not gain in weight. Such an infant is considered to be unable to digest modified milk, and resort is had to cereal diluents or chemical modification with one of the alkalies, one of which may or may not succeed in relieving the symptoms. Yet in such a case the infant will usually thrive if he is given a one per cent proteid in which the percentage of casein is only 20 or 25%, the rest being soluuble proteid. The split proteid, such as nature provides, fulfills the requirements both of his digestion and his metabolism. Alexander has pointed out that the soluble proteids are protective colloids and prevent the precipitation of dense curds by rennet.

An excess of proteid is characterized by colic regurgitation of food and the presence of curds in the stools. It is well to keep in mind, however, that colic may be produced by the too early use of starch and cereal diluents before starch digestion is present.

Alkalies

The use of alkalies in infant feeding has been greatly abused. They have been used to relieve the symptoms without making any attempt to properly modify the milk to suit the digestive capacity of the infant.

A child is put on a formula and if it vomits its food, lime-water or some of the alkalies will be added to check the vomiting and the percentage of the disturbing element not reduced until some other digestive trouble arises.

It was formerly the custom to prescribe the alkalies in percentages of the total solution and lime water was used ordinarily in 5% strength, but since the painstaking investigation of Dr. Southworth, we know that this is an error, and we only prescribe it and the other alkalies in definite percentages according to the effect desired and in relation to the quantity of milk and cream used and not in proportion to the total mixture.

For instance: When condensed milk is used in proportion of 1 to 10, and lime water in 5% strength, the alkalies amount to 50% of the milk and cream and is sufficient to check all gastric digestion.

The passing of Hydrochloric acid from the stomach through the pylorus into the intestines is the normal stimuluus to the outpouring of their digestive secretion, and since the alkalies neutralize the acidity of the stomach they will tend to inhibit intestinal digestion as well as neutralizing it in the stomach.

Cereal Diluents and Starch.

The sereal diluents and especially the now popular malt-soup feeding are of value in making the curd finer and more

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disgestable and may be uesd after the sixth month to supply additional food value. Oat meal gruel is slightly laxative, while rice and barley are binding.

Since their action is purely mechanical, they are used in definite percentage strength of the total mixture and not of the cream and milk. They are used for the most part in .75 per cent strength and are usually made by the formula of one tablespoonful to a quart of water. It is preferable to use the flour rather than the whole grain in making the solution.

Peptonization.

Peptonization or pancreatization by means of the artificial ferments have been used extensively in the past, their disadvantage, however, is that they render the food bitter and remove to a certain degree the normal stimulus to the digestive organs. There are preferable ways to deal with the problem than to assist the digestion in most cases, but it is a recourse which may be of value.

The Percentage Method of Modifying Cow's Milk.

This is also called the American method, since it originated in this country. Dr. Rotch of Boston is the pioneer worker in this field. By this means we endeavor to discover the proper proportions of fat, sugar and proteid and the best methods of increase for healthy infants; and also to discover for those with abnormal or feeble disgestion the combination best suited to the individual condition. Where difficuulty exists in the digestion of milk, it is usually with some one of its elements, or at least chiefly with one.

In such a condition, instead of stopping the milk supply entirely or the administration of something to relieve the symptoms or even reducing all of the elements by diluting the food still further, that element alone which is causing the disturbance is reduced. By this method infant feeding has been placed for the first time upon a scientific basis. Pecentages are simply a method of stating defeinitely just what we are giving the child and furnish the only means by which we can intelligently increase or decrease the food and in no way indicate that a given age should be fed on a given percentage. We are approaching the season of the year in which the deaths among children is the greatest and in which the diarrhoeal diseases play so important a part. In the proper feeding of infants we have a means of prophylaxis which greatly exceeds all others that are known to the medical profession.

The ingredients to be used in making up a formula are: 16 per cent cream, skim milk, sugar of milk and water. 16 per cent cream is the top; 6 ounces of a quart of milk, after standing for 8 hours, and has the following formula: Fat 16 per cent, sugar 4.50 per cent and proteid 3.20 per cent. Skim milk is the lower, 10 ounces of the same quart, and has the formula, fat 0 per cent, sugar 5 per cent and proteid 3.50 per cent. Milk sugar is 100 per cent and water is 0 per cent of all ingredients. In working out a formula, we have only one rule to remember, that is, the required quantity multiplied by the required per cent, divided by the per cent of the ingredient equals quantity of that ingredient to be used. Suppose we wanted to make up a formula—20 ounuces, fat 4 per cent, suugar 7 per

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cent and proteid 1.50 per cent:

Therefore, in making this formula, we require cream 5 oz., skim milk 4 oz., water 11 oz., M. sugar 1 oz., or 2 1-2 tablespooons.

The accompanying weight chart, with its notes, illustrates what may be accomplished by the use of the split proteid where there is a caesin intobrance. J. L. C., age 3 1-2 months, when first seen had been on the formula of fat 3 per cent, sugar 14 per cent and proteid 2 per cent, as represented in chart. The formala used and the symptoms are there reperesented.

Report of Case.

On fats 3 per cent, sugar 14 per cent and proteid 2 per cent. First to third day's weight fell 200 grams; child suffered with colic, gas, vomits and curds.

On fats 2 per cent, sugars 6 per cent and proteids 1 per cent. Third to tenth days' weigh fell 100 grams; child suffered with colic, vomits, curds in stool.

On whey from tenth to fifteenth days, weight fell 50 grams; child had no unpleasant symptoms.

On fats 2 per cent, sugars 6 per cent, casein .20 per cent and whey .90 per cent, from fifteenth to twentieth days; gained 150 grams in weight; no symptoms.

Fats 3 per cent, sugars 7 per cent, casein .25 per cent and whey .90 per cent, from twentieth to twenty-eighth days; gained 900 grams in weight; no symptoms.

The Significence of Leucorrhea

Augustin H. Goelet of New York thinks that the symptom leucorrhea is, both by the laity and by the general practitioner, generally disregarded and considered either as of little account or as the natural condition in a woman whether married or single. On the contrary, he thinks that it is always an indication of a diseased condition of the endometrium or other genital structure. He goes carefully over the significance of the condition at different ages from childhood to old age. In children a discharge from the vagina too often indicates a gonorrheal infection obtained by contact with soiled clothing, bedding, or the use of public toilets. If this be neglected, later in life the adnexa and uterus may be involved. Foreign bodies, rectal irritation, and uncleanliness are other causes of infection. In young women before marriage any discharge should cause examination for gonococci. Masturbation should also be sought for. In married women a disregarded discharge in the husband, which he has believed cured, is often a cause of infection. Patients should be educated to a knowledge of the dangers to the unsuspecting wife. When gonorrhea is contracted after marriage cohabitation should be refrained from until a cure has been obtained. The cervix is hre the most frequent seat of infection. Streptococcus and staphylococcus infection in the wife may be communicated to the husband. We should be on the lookout for cancer of the endometrium producing a discharge, for pelvic congestion, and for irritating substances used in the douche. After the menopause cancer and senile endometritis cause leucorrhea.—Medical Record, May 7, 1910.

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Obliteration of the Craving for Narcotics. Review of the Article of Dr. Alexander Lambert

BY GEO. E. PETTEY, M. D., MEMPHIS, TENN.

Member Memphis and Shelby County Medical Society, Tennessee State Medical Association, Southern Medical Association, American Medical Association, etc.

An article with the title "The Obliteration of Craving for Narcotics" appeared in the *Journal American Medical Association* September 25, 1909, and at a later date in a number of other journals and the same was reviewed to some extent under the head of Therapeutics in the *Journal* of March 5th, but there is so much in Dr. Lambert's article which is calculated to lead those who attempt to follow his teachings into serious error that I deem still further comment pertinent.

This article seems to be based upon the assumption that the essential nature of the narcotic drug addiction is an appetite or "Craving" for narcotics and that this appetite or craving can be obliterated or overcome by an antidote or "Specific" and for such a "specific" the author proceeds to give a formula.

This assumption is without foundation and the remedy proposed is not a specific. The demand of the system of the drug habitue, his inclination to take, his desire for repeated doses of his drug springs from a physical condition and not from a mere appetite such as the word craving would ordinarily be understood to imply.

The habitual use of a narcotic drug brings about a marked functional derangement of every organ in the body. The bowels are habitually constipated, the portal system is engorged, digestion is deranged, the heart is overworked, the motor function of the bowel is greatly impaired, the activity of all the secreting organs is diminished, the body is poorly nourished and the entire system is satuated with the products of tissue disintegration, in fact an intense toxemia exists. The nervous system is made to tolerate the presence of this toxic matter by keeping it constantly benumbed by the primary effects of repeated doses of the narcotic.

The urgent demand for a repetition of doses of the narcotic, the so-called craving, is due mainly to the effects of toxic matter, on the nervous system. If this toxic matter is removed from the system, and just in proportion as this is done the demand for the narcotic ceases, the so-called craving disappears, without the intervention or aid of any "specific" remedy. That Dr. Lambert obtains the results he records I do not question, but I am quite sure that he gives more credit to the belladonna preparation which he terms a specific than it deserves. That a remedy of this class does meet one of the indications in the treatment of such cases I will show later, but that it is the principle curative agent, or even the principle factor in overcoming the so-called craving, I deny. In the treatment of any disease the removal of the cause is of first importance. It is easily capable of demonstration that the toxic matter in the system of a drug habitue is the source of the demand for repeated doses of this drug, in fact, is the essential pathology for his addiction. When this pathology is overcome, when the

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system is freed from toxic matter, the craving or the demand for the drug disappears as soon as the secondary effects of the opiate are exhausted, without further treatment of any kind.

Dr. Lambert well urges the necessity for free purgation, but the purgative compounds he recommends are extremely drastic and the extent to which they are administered places an unnecessary tax on the strength of the patient. Drug habitutes as a rule are very anemic, their blood is thin, their tissues are poorly nourished, they have no strength to spare, therefore in preparing them for the withdrawal of their drug, or in treating them subsequent to it, the most scrupulous care should be exercised to preserve their strength. While the administration of purgatives is essential in any effort to free their system from toxic matter, these should be selected and compounded so as to act in the most conservative manner and to place the least tax on the resources of the system. No purgative compound which depends upon reflex action to excite the motor function of the blood, as does those recommended by Dr. Lambert, meets this requirement.

Dr. Lambert finds great difficulty in getting purgatives to act. This is true, because in drug habitues, the motor function of the bowel is more completely suspended than the secretory function of the glands. In order to secure evacuation of intestinal contents, it is equally as necessary to stimulate the motor function of the bowel as the secretory function of the intestinal glands. Notwithstanding this fundamental proposition Dr. Lambert administers glandular stimulants and trusts to their irritation qualities or to the irritating qualities of the secretion they induce to supply the other essential condition to the bowel movement, the motor function of the bowel.

When the nerve centers are profoundly impressed with narcotics, as in the case of drug habitues, reflex action alone is not capable of exciting efficient peristalsis unless such reflex action is induced to an exaggerated degree. If glandular stimulants are given in such quantities and of such an irritating quality as to excite this exaggerated degree of reflex action they cause much distress, colic, griping, nausea, etc., and when they do finally act, they act with undue severity and exhaust the strength of the patient. On the other hand if the motor function of the bowel is induced by *direct stimulation* of the motor centers, then much less of the glandular stimulant is required, it acts more promptly and efficiently and with much less tax upon the resources of the patient.

There is no question but that the emunctories should be thoroughly aroused and free purgation obtained, but any course of treatment which involved the giving of purgatives, equivalent to 30 or more C. C. Pills in less than three days time, as does the plan advocated by Dr. Lambert, is extremely drastic and in my opinion involves an unnecessary waste of the patients strength. Better results can be obtained with far more conservative measures.

Strychnia, in sufficient quantities to overcome the semi-paralyzed condition of the intestine and excite active peristalsis, is an essential ingredient of any purgative compound intended to empty the intestinal canal of a drug habitue, if that is to be accomplished without undue waste of the patients strength. The

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administration of glandular stimulants (chemical irritation) to a drug habitue in such large quantities as to bring about a storm of irritation in the upper part of the intestinal canal sufficient to excite efficient peristalsis by reflex action is as unreasonable as it is unpleasant and exhausting. The principles upon which a physiologic purgative compound for a drug habitue may be made are fully set out in my paper published in the *Therapeutic Gazette of* October, 1901. Had Dr. Lambert read that paper he would not have found so much he considered new in the Towns method.

Morphia or other form of opiate profoundly blunts the sensibilities of the nerve centers and this results in immediate and total arrest of intestinal motion. If these remedies checked secretion as promptly and completely as they do peristalsis they would be far more deadly than they are. The nervous system of a drug habitue is constantly blunted by the primary effects of the narcotic and he is therefore kept oblivious to the presence of the toxic poison which such an inactive state allows to accumulate. It may be accepted as established that the essential pathology of narcotic drug addiction is toxemia. These toxines are of drug, intestinal and auto-origin.

If the system is freed from toxic matter and the portal system disengorged, morphia or other narcotic can be at once withdrawn without shock, collapse, heart failure, diarrhoea or other dangerous symptoms and the suffering incident to such withdrawal will subside in a few days time without further treatment of any kind. The patient would suffer severely during these days, but if the system has been fully cleansed of toxic matter by thorough, persistant and physiological means all desire for the drug as well as all necessity for its use disappear as soon as the secondary effects of the opiate have become exhausted, and this point is reached by or before the end of the fourth day from the withdrawal. The suffering during these days can be materially reduced if not entirely obliterated by the judicious administration of belladonna or any one of the remedies of that series. It is much better to administer these remedies in the form of their alkaloids rather than to use the Tinctures or Fluid Extracts as these vary too much in strength and are too unreliable, then again, the patients stomach is usually disordered and not in condition for prompt or uniform absorption of the medicinal agent. Therefore the stomach should not be depended upon for the absorption of the remedies upon which his comfort depends when he can be promptly and certainly brought under the influence of active principles of such remedies by hypodermic administration.

Either Atrophin, hyoscyamin, socpolamain, duboisin, or stramoin will serve the purpose if the patient is an opium case, and I have not been able to see any advantage in combining them. Any one of these alone seems to keep the patient in as comfortable a condition as two or more of them combined does. I prefer the effects of alkaloids of hyoscyamus or stramonium to either of the others as these are slightly more hypnotic and anodyne than the others. If a patient is brought to the same degree under the influence of either one of these alkaloids I do not believe that any clinician is expert enough by examining the patient, or from the expression or conduct of the patient, to

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tell which one has been given. The office of a remedy of this class is not to *cure* the patient, not to act as a *specific or antidote,* but to serve as an anodyne or anesthetic and keep the patient in comfort while the elimination—the real curative measures is being carried out or completed and while the secondary effects of the opiate dies out. The painful reactionary symptoms which appear upon the withdrawal of the opiate from an habitue are mainly, as above stated, to the effects of the toxic matter upon the nerve centers, but they are also in part due to the secondary effects of the opiate. So long as the opiate is given in regularly repeated doses the patient is kept under the primary, anodyne or anesthetic effects of the drug, but when it is discontinued the primary effects cease and the secondary effects appear. The anesthesia caused by the primary effects of the opiate when taken by an habitue, is, upon its withdrawal, succeeded by an hyperesthesia, equally marked and of greater duration. This hyperesthesia has a natural limit and terminates when the secondary effects of the opiate have become exhausted and the patient reached a state of placidity and comfort *because this hyperesthetic state has reached its limit and terminated* and not because he has had "a liquid stool composed of mocus and bile" as Dr. Lambert would have us believe. An important part of the office of the remedy of the bellodonna group is to obtund the sensibilities of the nervous system to this hyperesthetic state and thus protect him from suffering and it should be used with this idea in view and not with any thought of its being a "specific" cure for his addiction.

I do not believe that the Prickley Ash in the Towns formula has any value whatever. All that this combination will do can be accomplished by either of the other remedies alone or by the two combined without any aid from the Prickley Ash.

Dr. Lambert does well to give a word of caution as to the use of his "specific" in alcoholic cases. Cases of chronic alcoholism have a tendency to develop delirium tremens during the sobering up period. An hyperemia of the brain is present and is an important factor in many such cases. The administration of atropine, strychnine or any other remedy which increases the blood supply to the brain increases this tendency and may develop a troublesome if not dangerous attack of delirum tremens. The routine administration of any of the remedies of the belladonna group in the treatment of alcoholism is a doubtful if not dangerous proceeding.

958 South 4th Street.

A Recipe

Take twenty bright-eyed office girls,
With fluffy hair and teeth like pearls;
With brows of snow and cheeks of pink;
With coats and muffs of shining mink;
With colors loud as lions' roars
On hats as big as all out-doors;
With smiles to do sad mischief with
(They'd charm e'en carping Hopkins Smith);
These dears in elevator ram
And you will have the best peach jam.

BY CLARA MARSHALL

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A Cat's Tale

Now in my mistres' lap I lay,
A happy ball of purr,
When in there came a haughty dame—
I loathed the look of her.
She stood and said, "I hate all cats"
(Those were her very words).
'I'd rather live with mice and rats
Than lose our singing birds.

'All cats are cruel to the core.
They do not need to be
By hunger stirred to kill a bird;
They do it wantonly.
I really can't **endure** a cat."
Just then I made a spring
And landed on that lady's hat
And seized a flaming wing.

I tore the stuffed bird from her head
(You should have heard her roar).
I growled and spit and clawed and bit
And strewed it on the floor.
My mistress cried, "Oh, what a shame!"
But winked one eye at me,
And said unto the angry dame,
"You **do** love birds, I see."

Ella Wheeler Wilcox in February Lippincott's.

Fatal Factors in Pneumonia

G. Werley of El Paso, Texas, finds the causes of death in pneumonia to be a failure to recognize the importance of a few underlying principles. The patient will recover if placed under the most favorable conditions for nature to cure him. The great needs of the body in pneumonia are plenty of air, water, food, and proper rest. The first factor in unfavorable surroundings is a close room, not supplied with a plenty of cool, fresh air. The second is a failure to aid the kidneys in carrying off the toxins of disease by giving plenty of fresh water. Overfeeding and wrong feeding are responsible for a loss of energy used up in an attempt to digest, assimilate, and excrete undesirable foods. Meat broths are not useful because they make no energy and tax the kidneys. Sugar is a valuable energy producing food and leaves nothing but water and carbon dioxide to be eliminated. Eggs and milk are appropriate. Fright and worry are responsible for loss of nervous energy. Failure to keep the patient in a horizontal position so as to aid the heart in carrying on the circulation is responsible for many cases of death. Drugs are only necessary to aid the heart, and obtain perfect rest. There is no serious infectious disease against which the body has better natural means of defense than pneumonia. If given a good fighting chance a complete cure in five to ten days is the rule.—Medical Record, April, 16, 1910.

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THE TEXAS MEDICAL NEWS
A JOURNAL OF MEDICINE, SURGERY AND HYGIENE

MATTHEW M. SMITH, M. D., MANAGING EDITOR

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EDITORIAL

PRESIDENT DR. JOHN T. MOORE.

The State Medical Association has recognized the great work performed by one of its active members, and we are pleased to say has shown its appreciation by electing for its president Dr. John T. Moore of Houston, Texas. We say

President, JOHN T. MOORE

without fear of successful contradiction that there is no member of the Association who has labored more earnestly, and who has sacrificed more time, and spent more money to work for the up-building of the Texas State Medical Association than its newly elected president, Dr. Moore. We had written for

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a biographical sketch of Dr. Moore, but unfortunately it did not reach us before we went to press, but suffice it to say that we all know and honor and respect him, and will uphold him while he administers the affairs of the Association. While there may have been some differences existing in the running of the Association in the past, concerning certain questions which necessarily must arise in the management of its affairs; we feel that every member of the Association, whatever may have been his opinions in the past, will show Dr. Moore, and the new Secretary of the Association, Dr. Holman Taylor, the consideration due them in the performance of their duties. We predict a healthy and steady growth of the Association during the year, and pledge to Dr. Moore our hearty co-operation in the great work before him.

A Word in Reference to Dr. I. C. Chase

The efficient secretary of the State Medical Association and the editor of the State Journal of Medicine, Dr. I. C. Chase, laid aside all labors of the State Medical Association and will go to Europe for a much needed rest, and for special lines of work in his profession. The News wishes him all the pleasures of life and much prosperity in his new field. It was a fine tribute to Dr. Chase when a large number of his devoted friends of the Texas State Association presented him, in the House of Delegates, with a beautiful gold watch and fob as a testimonial of their high appreciation of his labors. The presentation speech was most eloquently delivered by Dr. S. R. Burroughs of Buffalo, in response to which Dr. Chase showed his appreciation of the token by expressing his feelings to every member of the association when he said in substance: That he would always look upon that watch as being a memento from each member of the State Association, and that he desired to say upon that occasion that if any act of his had hurt the feelings of any member of the Association he wanted to say that he bore no member of the State Association any ill feeling, and that he considered each a friend and the watch aa an emblem and token of appreciation from them all. The News wishes Dr. Chase *bon voyage,* a profitable sojourn in Europe, and a safe return to his native land.

How to Have a Large Attendance at the 1911 Meeting of the Texas Medical Association

The News suggests the advisability of active preparations being made at once for the 1911 meeting, and urges that matter be kept before the members of the profession from month to month that a special train to be known as the "Texas State Medical Association Special,, be arranged for the meeting. Members going from San Antonio and Houston shall have special sleepers, which will pick up the members along the road, and these sleepers will join a special train made up either at Dallas or Fort Worth, equipped with dining car stocked with everything that is good to eat, and as many sleepers as the attendance will require. The profession of Texas should

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go as one great body to Amarillo, and in case the attendance be so large as to overcrowd the hotels of the city, the sleepers and dining car be parked and occupied by those who go upon this occasion; and we suggest that a committee from the Association get into communication with a like committee from Amarillo to prepare all the details for such a train. No doubt such an excursion, if patronized by a large number of the members of the Association, would prove to be one of the most interesting meetings in the history of the Association, especially when we recall that the automobile ride and the barbecue promised in the Palo Duro Canyon is to be a part of the program.

The 1911 Annual Meeting of the State Medica Association

The selection of Amarillo for the next meeting clearly demonstrates the value of that trite saying "If at first you don't succeed, Try, Try Again." For years the devoted worshippers made an annual pilgrimage from all over Europe to Lourdes, believing that all who were burdened with affliction might return better, after bathing in the blessed waters of this noted place. So it will be with the members of the Texas State Medical Association when they make their pilgrimage to that far western city, so artistically set in the shirt bosom of the Panhandle of Texas. Those of us who are troubled with insomnia caused by chasing the almighty dollar, or infirm from other causes, whatever they may be, if we will but join this pilgrimage and breath in that pure ozone so beautifully described by the Amarillo Boosters, and have injected into us occasional doses of that wonderful "Elixir of Life," "Stiffine," manufactured in the private laboratory and under the supervision of Dr. David R. Fly, we will soon be all right. "Here's to Amarillo and its coterie of good fellows."

A Few Suggestions Worthy of the Serious Consideration of Those Who Are Conducting the Affairs of the State Medical Association

Our long membership in the Association, our high appreciation of the efforts put forth by the pioneers of this organization in Texas, and the success of the reorganized Association in Texas, we hope, are sufficient to show our reasons for referring to a few places where danger threatens this splendid organization, or how its usefulness might be improved.

We believe that for years past politics have been permitted to gradually creep into the House of Delegates in a way which will eventually result injuriously as to the future management of the affairs of the Association. We suggest that such questions be remedied as soon as feasible, and advise that amendments be made by the House of Delegates that will eliminate all politics from the Association.

Secondly, we believe that the Association is well able financially to have, if necessary, four to six expert stenographers to attend all the meetings of the various sections of the Association and take down in detail all discussions, and prepare copy of each section to be furnished the various newspapers

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in the city and the Associated Press where the meeting is held, so that full publication of the important things of the Association will appear in the daily press of the State, for it is by such publication that we may hope to have the greatest things of interest brought to the public, concerning the question of Public Health. We believe that the secretary of the Association should reach the place of meeting a day in advance, in order to have a conference with the reporters of the daily press, and the expert stenographers, and explain what is expected of the stenographer, and what will be used by the newspapers. The secretary should have supervision over what appears in papers.

Thirdly, we believe it to be to the best interest of the Association to follow the by-laws of the Texas State Medical Association, rather than precedent, especially where it applies to the appointments of a committee on arrangements, as set forth in Chapter VII, Section 3 of by-laws, which reads as follows:

"The committee on arrangements shall consist of the component society in the territory in which the annual session is to be held. It shall, by committees of its own selection, provide suitable accommodations for the meeting places of the Association and the House of Delegates, and of their respective committees, and shall have general charge of all arrangements. Its chairman shall report an outline of the arrangements to the secretary for publication in the program, and shall make additional announcements during the session as occasion may require."

Fourthly: Members of the profession who have promised papers and have permitted their names to appear in the official program should endeavor, if possible, to be present at the annual meeting and in the section at the time their papers are called, and read same an denter into their discussion. We furthermore desire to impress upon the active members of the Association to attend the section work regularly, to enter into the discussion of the subject matter presented, and this applies especially to those sections whose program has been honored by the presence of men from other States, whose reputation and presence certainly ought to make the members of the profession turn out in large numbers, and show their appreciation of the efforts put forth by these distinguished visitors.

Fifthly: In as much as all scientific papers read at the annual session of the Association become the property of the Association, and the same rule applies to papers read before the affiliated district societies of the State; the State Journal of Medicine should make preparation to publish all such papers, or, if unable to do so, then the authors of the same should be notified at an early date, so that other Medical Journals might aid in their publication.

Sixthly: We have long felt that the Board of Trustees of the American Medical Association is clothed with a little too much authority in the management of its affairs, and we feel that there is a tendency on the part of this Association to delegate this small part of our organization, supreme authority, rather than retain it for the Association at large. Such a Board, as long as its personnel consists of men whose every act is intended for the welfare of the Association, rather than

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the promotion of any friend or favoring any measure, will not result seriously to the Association; but should its personnel change, where members had designing motives, then it might result disastrously to the Association. In other words, the Board of Trustees might be compared to the commission form of government of a city; as long as every member of such a commission government is the right man in the right place, that plan for a city government is ideal; but where the personnel is different, then such a commission is clothed with too much authority and disastrous results might follow.

We desire to be understood as offering these suggestions for consideration to the new officers of the Association for the purpose of benefitting the State Association, and they are not intended in any sense to express the opinions of "disgruntled" members.

Death of Dr. J. T. Wilson

Dr. J. T. Wilson of Sherman, Texas, died in Washington City on May 22nd, after an illnes of several years' duration.

Dr. Wilson was born in Prince George County, Maryland, in the year 1845. In 1861 he joined the Patexunt Rifles and fought for the cause of the Southland. He was twice imprisoned; he served in the Signal Corps, attached to Longstreet's Corps, and he was later a member of the First Maryland Artillery, his duty being to load cannons. A number of battles were fought under General Lee, in all of which young Wilson, a boy in years, manifested the moral and phyical courage that distinguished him in later life.

At the close of the war Dr. Wilson returned to him home near Harper's Ferry, where he remained until 1876, at which time he moved to Sherman, Texas, where he resided until his death. He is survived by a widow, a son and a daughter.

Dr. Wilson won for himself a distinguished position in the State of his adoption. His fame as a skilled physician, his broad culture, and his lofty traits of character gained for him the highest positions of honor and trust which the State has it in her power to bestow upon a physician. He served a number of years as Superintendent of the Asylum for the Insane at Terrell, Texas. During his incumbency there he brought to bear upon his manifold and exacting duties medical ability of an unusual order and conscientious and untiring effort, coupled with a patient, winning personality, that eminently fitted him for such an arduous and delicate position. On the passage of the first law regulating the practice of medicine in Texas, Dr. Wilson was appointed by Governor Sayers as a member of the Board, which unanimously elected him president, which position he held with honor several years. Only one who was closely associated with Dr. Wilson in the discharge of duties connected with the Board of Medical Examiners can appreciate the great work which he accomplished in a field in which he and his associates labored as pioneers.

Dr. Wilson commanded the respect and admiration of his fellow practitioners of medicine in Texas. His probity, conservatism, and fine executive ability inspired the medical pro-

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fession to select him as president of the Texas Medical Association.

In his intercourse with the members of his profession his bearing was at all times both ethical and honorable. There was in him an entire absence of self-seeking and vulgar aggrandizement, and always the deportment of the physician who recognizes the lofty nature of his calling, and who refuses for the recompense of a few paltry dollars to subvert it to base uses.

It was as a man, however, that Dr. Wilson won from his friends, associates, and the world at large the truest and most lasting ecomiums. His steadfast blue eyes, beneath a lofty brow, surmounted by locks silvered by unshirked self-sacrifice, looked benignantly out on his fellowman. His gentle smile carried comfort to aching breasts. A refined and tender deference of manner characterized his intercourse with men and women alike, stamping him as a gentleman. He went forth to life's battle grounds like another Sir Galahad, to win what should be for him, the "Holy Grail,"—"truth, purity and honor." That he won his goal, his life and achievements bear eloquent testimony. He fought a good fight! Honor to his memory! His armor is laid aside for the long sleep. May it be dreamless, with a glorious awakening in eternity.

The Treatment of Erysipelas by Means of Carbolic Acid and Alcohol

Aspinwall Judd of New York recommends the use of strong carbolic acid painted on the surface in cases of erysipelas until the surface is whitened, and then followed by swabbing with alcohol. The treatment must go a half inch beyond the border of the eruption to destroy all the germs. The unbearable itching, burning, and throbbing are relieved at once, fever soon falls, and general symptoms are relieved. The author has treated successfully sixty-seven cases, and five cases in which it failed. No scarring results. The superficial layers of the skin come off as in mild sunburn and the complexion is improved.—Medical Record, February 13, 1909.

Psychiatry and the General Practitioner

Paul B. Brooks of Norwich, N. Y., says that the study of mental diseases has progressed so rapidly that the general practitioner has fallen behind, and this paper is presented in the hope of stirring him up to renewed interest and more effective cooperation with the physicians in State hospitals for the insane. An old and a recent classification of insanity is presented, as showing the great advances made in psychiatry. One condition, dementia praecox, is attracting much attention, especially at the present time. Dementia does not occur in all cases, but there is a gradually progressive deterioration of the mind. The writer recommends that practitioners take advantage of conferences with specialists in hospitals and establish greater knowledge of mental disease and better cooperation.—Medical Record, April 16, 1910.

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A Tribute To Old Age

An address delivered March 22, 1910, by Hon. Morris Sheppard of Texas in Congress.

Mr. Chairman, I was very much interested during the early course of this debate in the discussion of the question of old age as applied to clerks in the various departments of the government. While listening to the statements of the gentleman from Mississippi (Mr. Gillett), in response to inquiries from the gentleman from Illinois (Mr. Madden), the gentleman from Michigan (Mr. Gardner), the gentleman from South Dakota (Mr. Martin), and others, regarding the advisability of attempting by law to establish an age limit for those who serve the government, it occurred to me that in the noisy onsweep of an intensely material era we were perhaps not sufficiently familiar with the capabilities of age. Indeed, sir, it has become too much a habit in recent years to disregard and put aside our older men and women. The clamor against old age, not only in the departments of the government, but in nearly all the other activities of the world, is absolutely senseless and unjust. This fact I hope to demonstrate in the short time now allotted to me. The idea has become too prevalent that after a certain age, by no means advanced, a man's usefulness diminishes as his years increase. A celebrated physician—Doctor Osler—expressed the opinion only a short while ago that the effective work of the world is done between the ages of 25 and 40. A more colossal error could not have possibly have been made.

The impression has become entirely too general that our older men and women obstruct rather than facilitate the march of civilization. The truth is that the world owes infinitely more to men above the age of 50, an age ten years beyond the Osler limit, than to men below it. Some two years ago an analysis was made by a scholar of accepted standing, Mr. Newman Dorland, of the lives and achievements of 400 foremost characters of human history. This analysis, to which I am indebted for the many names I am about to present, showed that nearly 80 per cent of the world's greatest figures closed active lives between the ages of 50 and 80, 35 per cent continuing beyond 70, 22½ per cent beyond 80, 6 per cent beyond 90. Let us consider what has been achieved by men beyond the age of 80. Titian, master of the Venetian painting, whose magic colors reflected the freshness and enthusiasm of a world saluting the return of art and learning, produced many of the most wonderful canvasses after 80, painting his famous Battle of Lepanto at the age of 98. Fontenelle, one of the most versatile of men; Cornaro, the great disciple of temperance; Pope Leo XIII, John Adams, Theophrastus, strode into the nineties with intellectual vigor unimpaired. Michael Angelo at 89 still held the sky a prisonor in his brush, having executed his Last Judgment, perhaps the most famous single picture in the world, and his celebrated frescies in the Sistine Chapel between 60 and 70. See Von Moltke in full uniform at 88, still chief of staff of the Prussian army, having crushed France at 72.

Hear John Wesley preaching with undiminished eloquence and power almost every day at 88, still directing the great

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religious movement he had founded, and closing amid unceasing activity at that remarkable age, one of the most remarkable careers of his time, having traveled 250,000 miles in an age that knew neither electricity nor steam, delivered 4,000 sermons, composed hundreds of volumes covering almost every phase of literature, earning through his publications $150,000, every cent of which he gave to charity during his life.

See Guizot and Hobbes and Landor with active pens at 87. See Talleyrand and Thomas Jefferson, Herbert Spencer, Newton, and Voltaire, all fruitful in the eighties. See Bancroft, Buffon, and Ranke writing deathless history after 80. See Palmerston, prime minister of England at 81, John Quincy Adams, stricken in the fullness of his strength on the floor of Congress at the same age. Tennyson's Crossing the Bar, the tenderest death song in our language, was composed at 83, Goethe's Faust at 80. See Gladstone conducting one of his most exciting political campaigns at 80, taking control of a nation and becoming its premier at 83. See Cato learning Greek; Plutarch, Latin; and Socrates, music, all at 80, and tell me no more that the old age are no longer capable of high and useful achievement. (Applause).

But let us proceed. Think of Joseph Jefferson portraying Rip Van Winkle with added effectiveness at 75, or the Irish actor, Macklin, actually taking part in a performance in England at 99. Think of Browning, brilliant and complex as ever at 77, or Whittier and Bryant issuing new volumes at 79. Think of Grimm, Laplace, Lamarck, completing tremendous tasks in the neighborhood of 80. Think of Perugino, at 76, painting the walls of a vast cathedral, or Humboldt deliberately postponing until 76 the best work of his life, his immortal Kosmos, completing it at 90. Think of Galileo discovering the daily and monthly vibrations of the moon at 73. Lamartine, Hugo and Holmes, Wordsworth and Longfellow, Hallam, and Grote, George Buchanan and Samuel Johnson, Kant, Savigny, and Littre, all astounding mankind with masterful productions between 70 and 80. Think of Henry Clay, Calhoun, Metternich, Bismarck, Crispi, Thiers, Franklin, Morgan, Reagan, Roberts, Allison, Morrill, Cannon, all towering fiugres in politics after 70. Think of Commodore Vanderbilt increasing the mileage of his railroads from 120 to 10,000, adding a hundred millions to his fortune between 70 and 88.

Turning to the period of 60 to 70, the list grows still more interesting and comprehensive. To this decade belong the best deductions of Confucius; Bismark's inauguration of a colonial career for Germany; Pasteur's discovery of a cure for hydrophobia; Monroe's famous doctrine for the protection of the South American republics, the permanent safeguard of a continent's liberties; the third and fourth voyages of Columbus, resulting in the discovery of South America; and many of the brightest deeds of Webster, Beaconsfield, Jefferson, John Adams, Benjamin Franklin, and Martin Luther. To this period belong many of the world's most splendid paintings. In music some of the rarest fabrics of Wagner, Haydn, Verdi, and Gounod are the fruitage of this period. In general literature, philosophy, and science many of the most imposing per-

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formances have been achieved by authors between 60 and 70. Prominent among these we find many of the best compositions of Cervantes, Schopenhauer, Hugo, John Stuart Mill, Berkeley, Mommsen, Voltaire, Ruskin, Emerson, and Francis Bacon. Especial mention should be made of Michelet's great history of France, Dryden's ode on St. Cecilia's great history of France, Dreyden's ode on St. Cecilia's day, Milton's Paradise Regained and Samson Agonistes, Edmund Burke's Reflections on the Revolution in France, and Sir Richard Burton's translation of Arabian Nights, a source of infinite delight to every English-speaking fireside.

Coming now to the deeds of men between 50 and 60 we find many of the most far-reaching achievements of all history. Between 50 and 60 Columbus made his first voyage of American discovery, perhaps the most important single event in human records; Merlborough won Blenheim, Morse invented the telegraph, Richelieu reconstructed France, Caesar corrected the calendar and wrote his Commentaries, Cromwell established the protectorate, Lincoln issued the emancipation proclamation, Bright institutes his reforms, Loyola founded his great society, Jefferson the Democracy, Knox accomplished a great religious revolution, Wyclif and Luther translated the Bible and brought its eternal truths to the hearts and hearths of the English and German masses, Schliemann made his most notable excavations, Hunter gave a fundamental impetus to surgery, Kepler contrived his table of logarithms, Chesterfield his system of social ethics, Hegel and Lotze their systems of philosophy, Leibnitz founded the Academy of Berlin, Penn negotiated his famous treaty with the Indians, Washington became the first president of the United States, Robert E. Lee made the confederate resistance sublime, Herschel invented the reflecting telescope, Canning and Peel performed their most brilliant labors, Burke devised his India bill and secured the impeachment of Warren Hastings, Garibaldi became the ruler of Italy.

Between 50 and 60 Leidy made his most valuable contribution to biology, Cuvier to natural history; Copernicus wrote his great treatise on the revolution of celestial bodies, Adam Smith his Wealth of Nations, the foundation of modern political science. Between 50 and 60 Plato and Aristotle gave their principal creations to the world. Between 50 and 60 Kant wrote the Critique of Pure Reason, Bacon the Novanum Organum, and Locke the Essay on the Human Undertaking, each of these three great works being veritable pillars of modern learning and progress. Between 50 and 60 were written Bunyan's Holy War and the second part of Pilgrim's Progress, Boswell's life of Johnson, DeFoe's Robinson Crusoe, Dante's Divine Comedy, Milton's Paradise Lost, Chaucer's Canterbury Tales, the first part of Cervantes' Don Quixote, the second part being written after 60; La Fontaine's Fables, Gulliver's Travels, all treasures that will enrich the literature of the world over. The average of the Chief Justice of the Supreme Court of the United States, perhaps the greatest legal on earth, is nearer 70 than 60, Marshall having concluded his prodigious labors of more than three decades at 80, Taney at 88, Waite at 72, Fuller still presiding over that august body

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today at 76. It is safe to say that the average age at which all the more than fifty associate justices who have occupied the Supreme Bench since its organization were still in the full exercise of their functions is nearer 65 than 60.

Such is a partial list of the achievements of men who have passed the half-century mark. Eliminate these achievements and you would blot out most of the world's advancement. Observe that we are still ten years above the Osler limit of 40. Were we to go still further, and erase the deeds of the "infants" between 40 and 50, we would destroy about all that remains of human progress. We would have to eliminate the printing press by Gutenberg, the discoveries in electricity of Franklin and Galvani, Priestly's discovery of oxygen, the smallpox preventive by Jenner, Harvey's discovery of the circulation of the blood, La Salle's discovery of the Mississippi, Bessemer's process for the manufacture of steel, Watt's steam engine, Stephenson's railways, the military feats of Grant and Sherman and Cromwell and Nelson, Blackstone's Commentaries on the Principles of English Law, the services of Washington in the American Revolution. In science, music, art, and literature we would wipe out almost all the surviving contributions to human enlightenment; among these the conceptions of Herschel and Von Baer, the compositions of Liszt and Sphor, the creations of Dore and Rubens and Blake, many of the masterpieces of Shakespeare, Scott, Gibbon, Hume, Macaulay, Carlyle, Petrarch, Pope, Dickens, Chateaubriand, Lessing, Spurgeon, Dumas, Milman, and Gray. This brief and incomplete review will show that our older men are by no means to be despised; that we owe them what is most permanent and uplifting in the civilization of the world. It shows that a man rarely reaches the full fruition of his powers until he enters the forties and the fifties, and that as long as life throbs within his bosom he is capable of tremendous service to mankind, that "age is opportunity no less than youth itself."

In the words of James Q. Howard, one of the most gifted officials in our Congressional Library, himself an example of the possibilities of age, a man is as a rule "immature, unripe, callow, vealy, verdant, sappy, bumptious, bat-blind, and grass-green until he reaches the age of 40 years." (Laughter and applause). I repeat that there has been of late too much of a disposition to neglect and disregard the old. I would not deprecate the encouragement of young men and women, they have a high and effective mission to fulfill; but the old need encouragement as well; affection and solicitude are as welcome to their twilight years as to the radiant hours of the young. Beneath gray locks may blaze the fires of genius; perhaps a gentle word may wake in feeble eyes the vision of an eagle. Society in its fatuous adulation of mere youth is falling into serious error. Such an attitude is a contradiction of the truth of history, a violation of all the teachings of experience. There are advantages of which age alone may boast. The passions that lashed the early years now lie obedient at the feet of reason. The impulses that stirred the youthful soul to violence and sin are sleeping in the cradle of a mature philosophy. No more does anger break in curses on the lips or envy hiss its shameful whispers. Revenge no

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longer prompts the uplifted arm; on the venerable countenance there broods prophetic peace.

The weakness of men and governments stand out in startling contrast with the ideals experience alone develops and age alone may understand. Contemplation imparts a glory to the furrowed brow as in the silent sunset of a noble life the storms and follies of the world become mere distant echoes. Society must learn again that services of unmeasured value may be rendered by the old. It must learn again that in neglecting the old it is wasting one of its most valuable assets. It is the general complaint of students of human institutions that each generation repeats in large measure the blunders of former ones; that if each generation where the other left off the progress of the world would be wonderfully accelerated. This complaint would have far smaller basis if we but learned to heed and love and glorify our older men and women.

And after all old age is but a fiction; there is no old age of the soul.

The hands of youth are smooth and beautiful
And round and finely formed and white and cool.
But I have known two old and twisted hands,
With knotted veins and fingers bent with work;
No grace of form is left those wasted frames
Wherein the hidden grace of life doth lurk.
But thin and old and cramped, they on them bear
The marks and signs of those who struggle much;
The patient strength of all the earth is theirs,
And tenderness untold is in their touch.
The hands of youth are smooth and white with ease,
But God hath clasped such twisted hands as these.

(Applause.)

O sir, let the crusade against our older men and women cease. The world needs and Heaven consecrates the ripened wisdom of the mellow year. (Loud applause.)—Congressional Record.

A Feminine Wave

I wish I had more hair, I do.
I knew that Marcel wave I'd rue.
I've bought six rats, ten puffs, a braid;
For full a dozen curls I' ve paid,
And yet I've always had too few.

Shop-girls wear tons of varied hue;
The yellow Chinaman owns a cue;
Each store shows wigs of every shade.
I wish I had more hair.

Now fickle fashion's changed anew.
No more she calls for puffs; in lieu,
Around your head in strands are laid
Four switches till a turban's made.
I don't mind owning up to you
I wish I had more hair.

May Lippincott's.

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The 42nd Annual Session of the Texas State Medical Association

The Dallas meeting of this Association was the largest attended one ever held in the history of the organization. Something over eight hundred members registered during this three days session, two hundred visitors and one hundred and fifty ladies, making a grand total of one thousand one hundred and fifty. The sentiment was that all seemed to be greatly pleased with the entertainment furnished the Association at the Dallas meeting. The entertainment was of high order and highly appreciated by the visiting physicians. At the opening session held in the First Methodist church on the morning of May 10, the session was opened by prayer by Rev. J. W. Hill, pastor of the First Methodist church. Hon. M. M. Brooks welcomed the Association to Dallas in an eloquent manner on behalf of the Mayor and other city officials. This address of welcome was followed by Dr. A. W. Carnes of Hutchins, who welcomed the profession on behalf of the North Texas Medical Society. Following Dr. Carnes' address, Dr. E. H. Cary of Dallas, President of the Dallas County Medical Society, welcomed the members of the Association on behalf of the local County Society. All of the speakers were introduced by the Chairman of the Arrangement Committee, Dr. J. O. McReynolds of Dallas.

Dr. W. B. Russ of San Antonio, Texas, next delivered his presidential address (which we shall refer to in the June issue of the News).

House of Delegates.

The house of delegates met in the Y. M. C. A. Assembly Hall. Eighty delegates representing 146 county associations, responded to roll call. The journal of the last annual meeting was accepted without reading. Dr. W. B. Russ, president of the Association, read a portion of his annual address, which he did not read at the opening meeting in the First Methodist church in the forenoon. In this section of his report he said in part:

"Complaint is often made, and justly, that much time is consumed by the house of delegates in considering matters concerning which the members have not had an opportunity to inform themselves, thus depriving delegates from participation in the scientific work. Every year the business of the house is increasing, and this year it is doubtful if we shall be able to dispose of it in the time at our disposal."

Dr. Russ recommended the appointment of the following committees:

1. Committee on credentials.
2. Committee on reports of officers and standing committees.
3. Committee on resolutions and memorials.
4. Committee on finance.
5. Committee on amendments to the constitution and by-laws.
6. Committee on scientific work.

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"Each of said committees shall consist of five members of the house and shall, except the committee on credentials, report promptly on call on the last day of the session. The committee on credentials shall report from time to time, and as promptly as possible on each case submitted," his report continued.

Censorship of Reports.

"I would suggest that some action be taken whereby all committees, both special and standing, shall be required, before making public reports of their work, to submit the matter which is intended for publication to the board of trustees. All of our committees in the past so far as I know have acted with wisdom and discretion in such matters, but the danger of allowing a committee to publish matter in the name of the Association which has not been passed upon by the house of delegates or any of the officers can be readily seen.

"The Association should, I think, declare itself on the question of the support and enforcement of public health laws. Having labored earnestly to secure the enactment of such laws, it goes without saying that we are in favor of their strict enforcement, and that we should by every honorable means within our power lend assistance in the matter of prosecuting violators of these laws. In cases, however, in which the integrity of the law is not called into question, the task, I think, should not be undertaken by the State Medical Association. The Association finances, which are only by close economy adequate to meet the association needs, should not be expended in this way.

Enforcement of Laws.

"During the last nine months the attorney representing the State Association has done excellent service in the protection of public health laws. A study of the work that he has had to do and the way it has been done will, I think, convince the most skeptical that the services of an attorney for the State Association are indispensable. The gentleman who has served us in that capacity during the last year has, without charging a fee in any instance, visited a number of points in the State where local Associations were engaged in prosecuting law violators and rendered valuable assistance. This work on his part has been gratuitous. Had separate fees in these cases been required, the State Association could not have met the expense. I recommend, therefore, that permanent arrangements be made for employing general counsel to protect the public health laws themselves from attack on the grounds of unconstitutionality, and for advice and assistance in changing and improving these laws, and for giving advice and counsel to the officers and committees of the Association in the arrangement of its legal affairs.

"A movement has been started in Texas through the initiative of your committee on the education of women, which is of far-reaching importance. I refer to the establishment of the Texas Society on Social Hygiene. This movement is fraught with wonderful possibilities for good and merits more than a passing notice by this Association."

Dr. Cantrell moved that a committee of five be appointed

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to take up the president's recommendation with reference to the appointment of five special committees. The motion was carried as was also a motion by Dr. Bechtal that the rules be suspended and that committees as suggetsed by the president be appointed to facilitate the business of the meeting.

Five Committees Named.

President Russ then appointed the committees as follows:

Credentials Committee—H. D. Barnes, C. A. Smith, J. H. Windham, D. L. Lavery and F. R. Winn.

Committee on reports of officers and committees—H. Taylor, S. C. Parsons, Joe Becton, C. M. Alexander and Bacon Saunders.

Committee on resolutions and memorials—J. Jenkins, W. W. Wardlaw, Frank Boyd, T. S. Grissom and J. E. Hodges.

Committee on finances—S. C. Red, T. J. Howe, F. E. Young, T. W. Largent and W. W. Lynch.

Committee on Constitution and by-laws—W. A. King, A. W. Carnes, A. L. Hathcock, J. M. Johnson, J. R. McGee.

Committee on scientific work—O. L. Norsworthy, D. R. Fly, R. H. Eames, W. P. M. Call and R. B. Jackson.

I. C. Chase, secretary of the house and editor of the Medical Journal, submitted his annual report in which he reviewed the work of the Association since he came into office six years ago, and asked to be relieved from further service. The advertising of the Journal he said had increased from about $2,000 a year six years ago to about $5,000 a year. The membership of the Association was 3,100, representing 146 county societies.

The report of C. A. Smith, treasurer, showed a balance of $8,305.96 on hand.

The board of trustees, in their report, which was read by J. S. Langford, recommended that $25,000 or $30,000 be raised with which to put up a plant and purchase suitable equipment for the Medical Journal, and that a special committee be appointed to raise the money. The recent ruling of the Postmaster's Department making such publications as the Journal third-class matter, the report went on to say, was almost prohibitive. It would increase the postage of that paper from $180 a year to about $1,500. In conclusion the report had a word of praise for Dr. Chase, who has been the editor of the Journal for six years.

For Tuberculosis Institute.

The committee on institute for the care of indigent consumptives, submitted a verbal report to the effect that it was endeavoring to induce the Democratic party at the State convention to insert a plank in the platform pledging the party to found such an institution at the expense of the State.

The report of the committee on public lectures, which was submitted by D. R. Caffery, was to the effect that for lack of funds the committee had accomplished but little. The committee had, however, sent out a circular to the county societies requesting that they take up the work. At these meetings lectures had been given on preventive medicine and public hygiene.

"We would respectfully urge that the meetings be continued in the counties where they have already been begun, and

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in other counties we plead for the beginning of such public education," continues the report.

For Line Up on Policies.

"We would further urge that the people work and vote for such candidates for Governor and members of the Legislature as will be in harmony with the public health measures we have indorsed. In order to accomplish this grand work in a way that would be creditable to the future of the medical profession of Texas it is absolutely necessary to have a united profession, and, in our opinion, the time has now arrived when it is necessary for every reputable physician to join some county society, not only for his own advancement, but also for the welfare of suffering humanity."

The report of the committee on optometry legislation was a review of the operation of the medical practice law passed by the Thirtieth Legislature. The fact was deplored that no provision was made in the act for the State to bear any part of the expense of the cost of the medical examining board in defending itself against suits, and it was recommended that the law be so amended as to remedy this defect.

J. N. Wilkerson of Fort Worth, attorney for the medical examining board, gave a long review of the litigation the board had encountered, and of prosecutions he had conducted for the board against persons who were practicing medicine in the State without having secured the consent of the board. One great trouble, he said was the apathy of the people in the matter. County and Districty Attorneys could not be induced ordinarily to start proceedings against persons who they know are illegal practitioners of medicine. He spoke of the case which went up from El Paso County to the Court of Criminal appeals on a question of the constitutionality of the statute, and of the decision of the court upholding the constitutionality of the law. This case, he said, had been taken into the Supreme Court of the United States, where it is still pending. Mr. Wilkerson said the sum and substance of the statute was that no man shall practice medicine in the State without a certificate from the State Board of Medical Examiners.

Too Many Doctors.

That there are too many medical colleges was the contention of John T. Moore of the council on medical education, and that not more than half of them are equipped for giving thorough instruction. He said that in the United States there are 160 medical colleges, and only 178 in all the rest of the world. Sixty or seventy well equipped medical colleges, he thought, would be enough. He added that there are at least twice as many doctors as there is any need of. It was his opinion that there should be a general consolidation of the medical colleges in Texas, and some provision made for paying the lecturers and demonstrators. Most all the colleges are now requiring a four years' course in the high schools as a condition of entrance, and many of them one to two years in a college in addition to the high school course. The Texas medical practice act, Dr. Moore said, was regarded by the profession all over the country as a model.

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By resolution, the House indorsed the movement started by Senator Owen of Oklahoma to establish a National Departmen of Public Health, with a Cabinet officer at the head of it.

The House passed a resolution sympathizing with Dr. D. S. Wier of Beaumont, member of the tenth district association, who, it is reported, must undergo a surgical operation, and wishing him a speedy recovery.

Lecture on Hookworm.

The feature of the scientific side of the work yesterday was the lecture by Dr. C. W. Stiles, professor or zoology in the United States Public Health and Marine Hospital Service, on sanitary conditions, with special reference to the hookworm disease. He said in part:

"It is unnatural to bring different races of men as inhabitants into the same country. In our Southern States 34.34 per cent of the population is of African origin. The white race has brought disease here from Europe and the black race has brought the disease from Africa. Each race has transmitted its diseases to the other race, each being virgin soil for the maladies of the other.

Hookworm from Negro.

"The negro has contracted tuberculosis from the white and his death rate from this disease is three times that of the white. In return he has given the hookworm disease to the white race, which suffers from this infection much more than does the negro. Certain diseases are spread by poor sanitation. This is particularly true of negro diseases. White people who live under good conditions may contract these infections in slight degree and not suffer very much. But the poorer families without good sanitary arrangements suffer severely from those negro maladies, which are spread through filth. The 'tenant' white class of the South, a people of good extraction but of defective physical development, suffer greatly.

Sanitary Conditions Miserable

"The Sanitary Conditions of our open country are miserable. Of 1,060 Southern families examined, 61 per cent were found to be without any toilet facilities; 44 per cent of the white farms and 80 per cent of the negro farms were without toilets. The result is a widespread soil-pollution, with a great amount of resulting disease, such as hookworm and typhoid fever. Dr. Brumby, State Health Officer of Texas, recently reported that of 100 farms examined, only five had toilets. Thus Texas is far behind the times in sanitation.

Life History of Hookworm

Dr. Stiles explained the anatomy and the life history of the hookworm. He showed the pictures of many hookworm patients, some of them farmers and some cotton mill hands. He declared that the pale faces of the cotton mill hands, commonly attributed to working indoors, were not due to working indoors but to hookworm disease, contracted most probably by the patients on the farm before going to work in the mills. In support of this claim he exhibited diagrams of numerous

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examinations which showed that the so-called cotton mill anemia is not uniformly distributed in mills of the same kind in the same localities, but that it is the most common in laborers coming from the sand lands and next most common in laborers who come from the mountains, and least common in laborers from clay lands and from cities. Yet all these people are breathing the same kind of cotton lint.

Americans Are Dirty

In explanation of the wide-spread prevalence of disease in the United States, Dr. Stiles said: "We Americans as a Nation are conceited and dirty. We are so well satisfied with ourselves that we bury about 35,000 persons a year from tuberculosis, and in all, according to statistics, about 600,000 persons a year from preventable causes. Still, we have not yet shown sufficient moral courage to enforce the anti-spitting laws. We are as a Nation ignorant as to what constitutes cleanliness and good sanitation. We are so conceited, so proud of ourselves that we continue in our filthy habits and continue to bury our people at an inexcusably great rate.

"You should all join in a campaign to clean up your back yards and farms in proper sanitary condition, and thereby reduce the death rate, especially among the women and children.

Treatment Is Simple

"The treatment of hookworm disease is simple, but it should always be given under the supervision of a physician, as the size of the dose of medicine depends upon the condition of the patient's heart. The two drugs used are thymol and Epsom salts. Many cases are cured in a single day's treatment. Other cases must be treated once a week for from two to twenty weeks. If a person is not treated and does not become reinfected, he will outgrow his hookworm infection in about eleven years."

Following the illustrated address, a hookworm symposium was held in the section meeting, during which the technical side of the treatment of hookworm infection was discussed by a number of the physicians.

School Children Infected

Dr. Stiles brought out the point that many children attending country schools are growing up under a severe handicap. "In some localities," said he, "50 to 90 per cent of the school children show hookworm infection, which stunts them in their physical and mental development. They are backward in their studies, and they have a high absenteeism from school. We are educating our country children from 6 to 20 years of age, and are burying many of them before they are 21. In one family of sixteen children twelve were dead and four living; in another family of twenty children, only five were alive, all dying of hookworm disease. But these facts are not of much interest to Americans, who hold life so cheap. But if these children had been swine, the country would have made greater effort to save them.

"The same conditions which spread hookworms also spread typhoid," continued Dr. Stiles. "Our Nation-wide typhoid

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death rate is 46.5 deaths per 100,000 inhabitants, and our negro population averages 11.6 per cent deaths from typhoid. The fifteen negro States average 34.34 per cent negro and 72.7 per cent of 100,000 in their typhoid death rate. There are seventeen States with an average of 2.48 per cent negro population, ad in these States the typhoid death rate drops to 39.25 per 100,000. Then there are eighteen States witht an average negro population of 0.4, and the typhoid death rate drops to 25.51 per 100,000. Thus the greater the negro population, the higher the typhoid death rate."

Several Features of the Meeting

UNIVERSITY ALUMNI BANQUET.

The Alumni Association of the Medical Department of the University of Texas gave its seventh annual reunion banquet in the private dining hall of the Elite Restaurant. The Association comes together every year at the same time and place with the State Medical Association. Dr. D. H. Lawrence of Galveston is president, and Dr. James Terrell of Galveston is secretary.

Covers were laid for seventy-five. The hall was decorated with old gold and white, the color of the university. President Lawrence acted as toastmaster. The toasts follow:

"Our Beloved Board of Regents," W. T. Henry of Dallas, local regent; "The President of the University," Dr. Holman Taylor of Marshall; "To the Medical Department of the University," Dr. W. S. Carter of Galveston; "Our Departed Members" (drunk in silence); "The State Medical Association," Dr. John T. Moore of Houston; "To the Arrangements Committee of Dallas," Dr. James Terrell of Galveston; "To Dr. W. D. Jones," chairman of the local alumni committee.

BANQUET BY BAYLOR ALUMNI.

A banquet was given in the main dining room of the Oriental Hotel last night by the alumni of the medical and pharmacy departments of Baylor University. About one hundred and twenty-five of the alumni were present. The guests were M. E. Daniels, Honey Grove; R. M. McLeod, Palestine; R. O. Braswell, Fort Worth; T. J. Crowe, Dallas, and J. S. Osborne, Cleburne, State medical examiners. All of the faculty and alumni of Baylor University were present.

Dr. Elbert Dunlap acted as toastmaster, and the following made short speeches: R. W. McFerrin, Childers; A. L. Lincecum, El Campo; V. P. Armstrong, Dallas; E. H. Cary, Dallas; George Smart, Manor; C. A. Smith, Texarkana; W. E. Sturgis, San Angelo; C. M. Rosser, on "Our Mutual Responsibility," Dallas; Joe Benton, on "Old Friends," Greenville; J. B. Roberts, Dallas; C. E. Cantrell, Greenville; R. M. Willis, Celina; J. W. Ball, Cleburne; Lee Yater, Dallas, and W. M. Trimble, Fort Worth.

Medical Examiners' Banquet.

The members of the first Board of Medical Examiners of

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the State of Texas were entertained by Dr. J. H. Reuss and Dr. M. M. Smith at dinner at the Oriental Hatel. The toast list included the name of everyone present, and the speaking was followed by an hour or two of social enjoyment. Before adjourning the board accepted the invitation of Dr. J. W. Scott of Houston to be entertained by him at the next annual reunion.

The following were in the party: S. R. Burroughs of Buffalo, Frank Paschal of San Antonio, J. D. Jenkins of Daingerfield, J. H. Evans of Palestine, J. W. Scott of Houston, J. H. Reuss and M. M. Smith of Dallas. J. T. Wilson of Sherman, president, was absent. The other vacant chair was that of John C. Jones of Gonzales, deceased. S. R. Burroughs, vice president, acted as toastmaster.

MEMPHIS COLLEGE ALUMNI MEET.

At a meeting held yesterday afternoon at the First Presbyterian church there was organized the Memphis Hospital Medical College Alumni Association and the following officers were elected: Dr. R. Walter Smith, Moffat, president; Dr. S. A. Woodward, Fort Worth, vice president; Dr. A. B. Small, Dallas, secretary and treasurer. Sixty-six members were enrolled.

The Memphis college was represented by Prof. J. L. Andrews, a member of the faculty. He addressed the meeting, telling of the growth of the school, the admiration the faculty had for Texas and cited that there were about 300 Memphis college graduates now practicing in this State. Short talks were made by Drs. J. M. Neel of Dallas, Albert Cato of Oklahoma, Hopkins of Wolfe City, Petty of Memphis, E. F. Wright of Boyce, Armstrong of Dallas and Charles H. Harris of Fort Worth.

The committee appointed on by-laws and constitution consists of Drs. A. F. Beddo of Dallas, Neel of Dallas and Atkins of Pilot Point.

DINNER TO ALUMNI

Medical Department Southwestern University

At the Elite an eight course dinner was served members of the Southwestern University alumni. There were addresses by Drs. O. M. Marchman, H. G. Wolcott, J. H. Black, W. B. Carroll, J. S. Carroll of Newport, J. M. Bannister of Snyder, and Dr. John O. McReynolds, dean of the medical faculty of the Dallas college.

THE ENTERTAINMENT FURNISHED THE LADIES.

On Wednesday, May 11th, at 3 p. m. an automobile ride was tendered the visiting ladies of the Association starting from the Oriental Hotel and carrying them over the city, stopping at the residence of Dr. John O. McReynolds for refreshments, at St. Mary's College for an entertainment, and for refreshments again at the residence of Dr. J. H. Reuss. A large unmber of the visiting ladies took advantage of this delightful occasion and it was much enjoyed by all.

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On Thursday, at 1:30 p. m., luncheon was tendered the one hundred and fifty visiting ladies at the Dallas Golf and Country Club. The reception was presided over by the wives of the Dallas physicians, and we must say that the beautifully decorated tables, the tempting menu, and the delightful surroundings all made this entertainment a great success.

GIVE BANQUET TO ALL DELEGATES AND VISITING LADIES.

A banquet was given at the Columbian Club by the Dallas members of the medical profession to the delegates attending the State Medical Association. Dr. John O. McReynolds, chairman of the arrangements committee, acted as toastmaster in the banquet hall, and speeches were made by Dr. Charles W. Stiles of Washington, D. C., "The Marine Hospital Service;" Dr. Alexander Hugh Ferguson of Chicago, "Brain Surgery;" Dr. C. E. Cantrell of Greenville, "The American Medical Association;" Dr. A. W. Carnes of Dallas, "As You Like It;" Dr. W. B. Russ of San Antonio, "The Medical Practice Act." In addition to the band; music was furnished by the Netz sisters, Miss Lucile Burke and Mrs. R. Spencer Wood.

Dr. John S. Turner acted as toastmaster in the gentlemen's smoker on the lower floor. Toasts were responded to by Dr. W. B. Russ, president State Medical Association, of San Antonio; Dr. I. C. Chase, secretary of the association, of Fort Worth; Dr. D. R. Fly of Amarillo, Dr. John T. Moore of Houston, Dr. Joe Becton of Greenville, Dr. Jeff Davis of Roby, Mr. Wilkinson of Fort Worth, and Dr. Frank Paschal of San Antonio.

After the banquet a dance was given in the reception hall.

MEDICAL GRADUATES TO FORM AN ASSOCIATION

For the purpose of organizing the alumni the graduates from the medical colleges of Louisville, Ky., held a meeting at the First Methodist church. Following officers were elected: Dr. J. R. Lancaster of Granbury, president; Dr. C. W. Crutcher, Mount Vernon, first vice-president; Dr. S. E. Milliken, Dallas, second vice-president; Dr. Albert M. Gantt, Dallas, secretary. Another meeting was held for the purpose of adding other members and adopting a constitution and by-laws.

Good Things to Learn

Learn to laugh. A good laugh may be better than medicine.

Learn how to tell a story. A well-told story is as welcome as a sunbeam in a sickroom.

Learn to kep your own troubles to yourself. The world is too busy to care for your ills and sorrows.

Learn to stop croaking. If you cannot see any good in the world, keep the bad to yourself.

Learn to attend strictly to your own business. Very important point.

Learn to greet your friends with a smile. They carry too many frowns in their own hearts to be bothered with any of yours.—Exchange.

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BOOK NOTICES

"The Strange Case of Dr. Bruno." By F. E. Daniel, M. D., author of "Recollections of a Rebel Surgeon," editor of Texas Medical Journal, Austin, Texas. A story of Love and Science; of Suspended Animation and Life by Installments; Realizing Rip Van Winkle. Tastefully bound in Silk cloth and gold; second edition, with 14 illustrations. price $1.50 postpaid. Von Boeckmann-Jones Co., Austin, Texas.

Dr. F. E. Daniel, one of the most eloquent and pleasing writers which the South has produced, has given us in his lat-

DR. F. E. DANIEL
Author of "The Strange Case of Doctor Bruno"

est work, "The Strange Case of Dr. Bruno," another proof of his wide culture and deep, comprehensive sympathy with human nature, combined with scientific knowledge and literary excellence. This charming love story is delineated with simple, elegant force, truthful interpretation of character, a pic-

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turesque and original setting, and a loftiness of purpose plainly revealed to the close observer, who finds in the nobly expressed sentiments of Dr. Bruno a just code of moral ethics, and in the wonderful action and results of the mud wasp's argument for the belief in the resurrection of the body.

The action of the novel is portrayed in a manner suited to the realistic material, and is at the same time in keeping with the science which its gifted author knows so well how to interpolate. There is no crudeness of treatment, but a marked firmness and mastery of detail. From the moment the reader comes in contact with the scientist, Dr. Bruno, who discovers the secret of suspended animation from the mud wasp, until the close of the career of the interesting personality, the action of the story is tempered so nicely that the incidents follow each other with discriminating correctness.

The character of Dr. Bruno is drawn with strengh and firmness, and with individualism. His personality forces itself on the reader; his problems are real. In less experienced hands, and deprived of the strength which Dr. Daniel's knowledge of science lends, the character of Bruno, whose peculiarities are accentuated by unusual incident, might show a marked tendency towards melodrama, but this result is effectively forestalled, and the tragic, human note in all its truthfulness is heard. Katie, the mother, and twenty years later, Katie, the daughter, are charming, graceful figures who fulfill with case and consistency the parts ascribed to them towards the virile, central figure, Dr. von Bruno. The main interest in the story centers about these figures, and yet the finale is not complete without the introduction of Harold Ogden, who loves Katie, and who loves twenty years later, even more madly, Katie's daughter.

The setting of this story, many of the scenes of which are laid in the quaint, historic old city of New Orleans, is picturesque, with the picturesqueness and warmth which the true Southerner loves. There incidents of the old slave days, incidents which one might easily believe had really occurred. Finally there is a dramatic awakening of Bruno from a period of suspended personality in the insane asylum, which recalls the tragic tales of Poe.

It cannot be doubted that the cultured author of this story held a dearer hope than that this latest child of his brain should serve only for an undiscriminating public as a "pour passer le temps." Dr. Bruno does not experiment with the magic fluid of the mud wasp with the sole intention of satiating his own curiosity, and discovering a means of suspended animation. This is the medium utilized for the expression of vital truths and noble sentiments. High ideals are carried out also in the character of Katie, who chooses in the closing rather to do violence to her feelings than to prove herself recreant to the sacred bonds of friendship.

Writing the Short-Story

A practical text-book on the Rise, Structure, writing and Sale of Modern Short Story, by J. Berg Esenwein, A. M., Lit. D. Editor of Lippincott's Monthly Magazine. Hinds,

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Noble and Eldredge, Publishers, 31-33-35 West Fiftieth St., New York City.

Writing the Short-Story is an unusually acceptable book, not only to the college student, but to the writer as well, embodying as it does the principles of short story writing, and furnishing at the same time a history of the short story.

Such a book coming from the ripe experience of Dr. Esenwein will prove an invaluable guide to the student of the short story, and to the applicant for honors in the remunerative field of short story writing. The work contains a thorough analysis of the short story; its history, nature and construction. Appendices and a full bibliography lend value to the work. The chapters which deal with the choice of theme and materials, plot, setting, characterization and style are definite and convincing.

This extremely lucid and sensible work will surely commend itself to many, as a text-book of information, and as a reliable guide for the novice who possesses the desire and ability to tell a story, but lacks the technical knowledge and inspiration which such a work would furnish.

We predict a permanent place for Writing the Short Story, and we congratulate the author on the practical and enduring qualities of the work.

Learn to hide your aches and pains under a pleasant smile. No one cares whether you have the ear ache or rheumatism.

READING NOTICES

Faith In Drugs

"The courage to try to do a thing before you know how, the patience to keep on trying after you have found out that you didn't know how, and the perseverance to renew the trial as many times as necessary until you do know how, are the three conditions of the acquisition of physical skill, mental power, moral virtue or personal excellence."—Hyde.

We do not know where this quotation is more applicable than to our old friends of the old school who have been trying for years to work out some therapeutic salvation. They have many good men in the ranks; men who are broad-minded, honest and sincere, and standing foremost among them we find Drs. Abbot and Waugh. We remember distinctly, a few years ago, when we were closely associated professionally and socially with a practitioner of the old school —one of the best fellows that ever lived—who said to us that he had absolutely no faith in the use of drugs, and while he used them for their moral effect, he gave nature the credit for restoring people to health. Since that time he has been using Abbott's alkaloids, and is now one of the most enthusiastic prescribers that one would wish to meet—and he is successful. He is simply one of the many of the old school who have been so instructed in the use of drugs that they get results and have faith in them.—Dr. Dale M. King, in The Medical Counselor.

Female Neuroses

There is scracely a writer of prominence today who does not

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lay much stress upon the importance of early prolonged treatment of the primary manifestations of an almost infinite variety of nervous affections with the view of preventing the constant development of still graver troubles as well as to relieve present suffering. In the treatment of Female Neurosis, a combination of Dioviburnia and Neurosine (equal parts) administered in dessertspoonful doses every three hours will prove most efficient.

"We wish to announce to our readers that the well known firm, SHARP & SMITH, CHICAGO, have added a fully equipped department for the manufacture of SHOES FOR THE LAME, which they operate in connection with their large orthopedic department. They report they are now in a position to take care of any orders for special shoes, regardless of the size, style, deformity, etc. Physicians having such cases come under their observation should write them for full particulars."

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"I have personally derived great benefit from the use of Tongaline for rheumatism. Among the many advantages of Tongaline over the salicylates is its palatability and the fact that it is not trying on the stomach, hence wherever the salicyates are indicated, I invariably prescribe Tongaline."

"Nothing too strong can be said in favor of Tongaline. I have prescribed it many times and it has proved satisfactory in every case."

Gastro-Intestinal Tract

"Seng has been used with conspicuous success in all forms of functional diseases of the gastro-intestinal tract. It may be used alone, or in any of the many combinations that the experience of the trained therapeutist will suggest. It has freqeutly been observed, however, that the administration of Seng after everything else has failed, marks the beginning of tangible relief from distressing symptoms."

Antimeningitis Serum

After five years of exhaustive experimental work and extensive clinical trial, the Rockefeller Institute has perfected a serum for the treatment of epidemic cerebro-spinal meningitis.

Antimeningitis Serum is now placed on the market by the H. K. Mulford Company who, with their characteristic progressiveness, announce that they are prepared to supply it from their various branch houses as well as from Philadelphia.

In the pandemic of 1904-8 the serum was supplied by the Rockefeller Institute to clinicans all over the world. The mortality of cases in which it was used was less than 25 per cent, the percentage being practically the same everywhere.

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Now that the serum can be obtained more promptly it will be possible to administer it earlier in the disease, and it is safe to predict that this will result in a still further reduction of the mortality. More than one thousand cases have been treated by this serum and no bad effects have been reported, the beneficial effect of each injection being dwelt on by all who have used the method.

The serum is supplied in packages the entire contents of which have been sterilized. Each package contains two syringes of 15 c.c. each, being the dose usually administered to young children, while for adults, or for malignant cases, 30 c.c. (2 syringefuls) are to be injected at one dose. With each package is a special needle for puncturing the spinal canal. The needle is made of soft-tempered metal which will not break, and is given sufficient stiffness by a special stylet. This stylet fits into the needle and is of exactly the same length, The end is beveled so that when it is fitted into place the bevel corresponds to that of the needle point, making one smooth surface. When the stylet is rotated its point clears the lumen of any accidental obstruction. This needle serves both for drawing the spinal fluid and for the injection of the Antimeningitis Serum, being left in position during the entire operation.

When as much fluid as possible has been drawn off, the syringe is attached to the needle by means of a combined rubber and metal coupling previously sterilized. The metal tip is connected with the syringe by means of a small piece of rubber tubing, in order to avoid all danger of breaking the syringe point or injuring the cord by bending the syringe or by sudden movement of the patient.

Every physician will welcome the news that they are now able to secure Antimeningitis Serum, because it is the only remedy known to be of service in the treatment of cerebrospinal meningitis.

The H. K. Mulford Company, recognizing their responsibility to the medical profession and wishing to co-operate with the members thereof by furnishing therapeutic agents for the treatment of poor patients, will, on receipt of certified order from the physician stating that he receives no fee for his services, and that the patient is indigent, furnish the Antimeningitis Serum, without charge, except in communities where the local Board of Health Supply curative sera for indigent patients.

Proper Elimination.

"Just as 'nothing succeeds like success," so nothing promotes health like healthy conditions. Given a start in the right direction and the human body has remarkable powers of recuperation. The ability of Prunoids to establish proper and thorough elimination—to give Nature a chance, as it were—accounts for the pronounced benefits that invariably follow their administration."

Bile Persuader

"Chiona was referred to by Dr. Covert in 'Some Disorders of the Liver' as a 'bile persuader,' and this same author speaks of its usefulness in simple uncomplicated jaundice. He em-

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ploys it, he states, because it excites perisaltic motion which is transmitted to the bile ducts, and thus secretion is promoted. In the obstruction of bile ducts, due to inflammation of the duodenum, the remedy is clearly indicated, and many difficulties of the gastro-intestinal tract are cured by its tendency to stimulate biliary secretion."

Neuroses

"As a sedative in neuroses of the stomach, Peacock's Bromides is particularly suitable because of its being devoid of the irritating action of the commercial bromides, due in large part to the absence of impurities."

In all forcs of diarrhoea and desentery—when it becomes necessary to allay excessive peristalsis, overcome spasm and control pain, there is no remedy that gives as uniform satisfaction as Papine. The sedative, analgesic action of this remedy is manifested immediately, and the characteristic tenesmus is relieved almost as promptly. Here, again, the recovery of the patient is not interrupted by the customary severe constipation by which the use of other opiates is commonly followed.

Cardiac Balance

"As a simple heart tonic in many cases of hypertrophy accompanied by more or less dilation, Cactina Pillets often prove strikingly useful, controlling the subjective symptoms of the condition and contributing to the maintenance of the cardiac balance. In cardiac asthma, the combination of Cactina Pillets with nitroglycerine rarely fails to promptly relieve the symptoms, especially allaying in a most gratifying way the heart excitability that is so often the most distressing feature."

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April Lippincott's.

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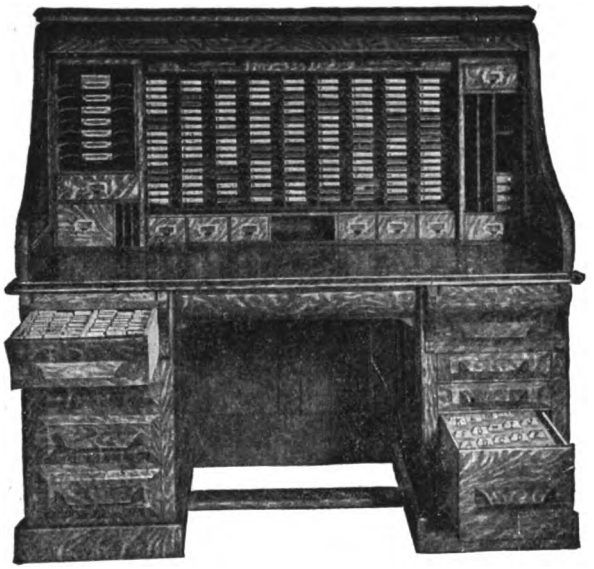

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It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

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Its Ethical Character

Syrup of Figs and Elixir of Senna is an Ethical proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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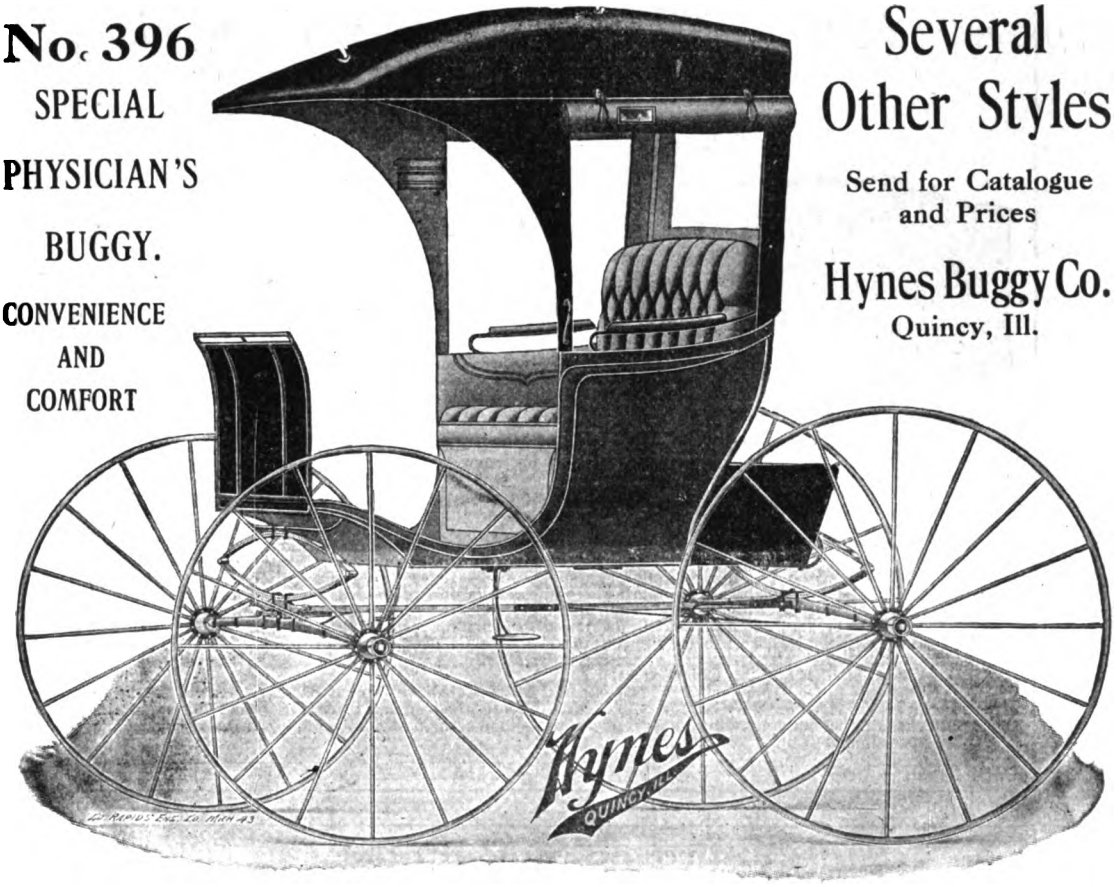

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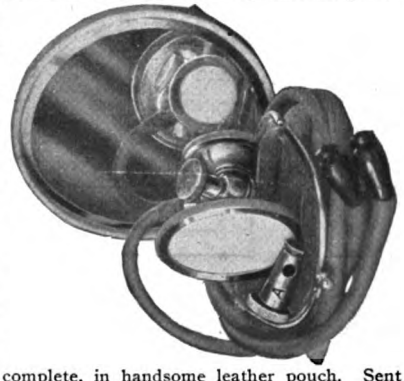

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